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03-23-1999 90069 034 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721795

1. Corporation Name

**BOARD OF TRUSTEES, FIRST UNITED METHODIST CHURCH
, TAMPA, FLORIDA, INC.**

Principal Place of Business

1001 NORTH FLORIDA AVE.
TAMPA FL 33602

Mailing Address

1001 NORTH FLORIDA AVE.
TAMPA FL 33602



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

09/29/1971

4. FEI Number

59-0718490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROBBINS, DONNA, K
1001 N FLORIDA AVE
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
CAPITANO, JOE
STREET ADDRESS
617 W VIRGINIA AVE
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
D
CULP, JAMES
STREET ADDRESS
4519 WATEROUS AVE
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
D
MOORE, CAROLINE C.
STREET ADDRESS
7520 SANIBEL CIRCLE S
CITY-ST-ZIP
TEMPLE TERRACE FL 33637

TITLE ☐ DELETE

NAME
P
MOORE, JIM
STREET ADDRESS
211 N BANNOCKBURN AVE
CITY-ST-ZIP
TEMPLE TERRACE FL 33617

TITLE ☐ DELETE

NAME
D
SESSUMS, TERRELL
STREET ADDRESS
5020 BAYSHORE BLVD #204
CITY-ST-ZIP
TAMPA FL 33611

TITLE ☐ DELETE

NAME
M
KREWSON, LAWRENCE A.
STREET ADDRESS
1001 N FLORIDA AVE
CITY-ST-ZIP
TAMPA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence A. Krewson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 (813) 229-6511
Date Daytime Phone #

CR2E037 (11/98)