

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730483 (5)

1. Corporation Name

BAYSHORE UNITED METHODIST CHURCH OF TAMPA, INC.



Principal Place of Business: 3909 SOUTH MAC DILL AVE. TAMPA FL 33611
Mailing Address: 3909 SOUTH MAC DILL AVE. TAMPA FL 33611

3. Date Incorporated or Qualified: 08/20/1974
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number (59-1374735) Applied For (Not Applicable)
5. Certificate of Status Desired (No Fee Required)
6. Election Campaign Financing (No Fee Added to Fees)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (Yes/No)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ERIC R
3909 S. MACDILL AVE.
TAMPA FL 33611

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code (FL)

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: *Eric R Johnson* DATE: 3-20-96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GIBBONS, PERRY | |
| STREET ADDRESS | 815 W OHIO AVENUE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SHADDAY, LARRY | |
| STREET ADDRESS | 3902 DORAL DRIVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WRIGHT, ALAN | |
| STREET ADDRESS | 910 BRUCE STREET | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TERRANOVA, NICK | |
| STREET ADDRESS | 4609 FAIR OAKS AVENUE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WADSWORTH, BILL | |
| STREET ADDRESS | 4116 VASCONIA STREET | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KIRBYM, BLANE | |
| STREET ADDRESS | 3208 ROGERS | |
| CITY-ST-ZIP | TAMPA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Horace "Cuz" Smith | |
| 1.3 STREET ADDRESS | 4417 W. Sevilla | |
| 1.4 CITY-ST-ZIP | Tampa FL 33629 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Donna West | |
| 2.3 STREET ADDRESS | 818 S. Edison | |
| 2.4 CITY-ST-ZIP | Tampa FL 33606 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Jackie Manescala | |
| 3.3 STREET ADDRESS | 1920 W. North "B" St. | |
| 3.4 CITY-ST-ZIP | Tampa FL 33606 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Marty Morris | |
| 4.3 STREET ADDRESS | 4013 Jetton Ave. | |
| 4.4 CITY-ST-ZIP | Tampa FL 33629 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Charles Wilkie | |
| 5.3 STREET ADDRESS | 2318 Selkirk St. | |
| 5.4 CITY-ST-ZIP | Valrico FL 33594 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Bruce Williams | |
| 6.3 STREET ADDRESS | 3011 W. Asbury Pl | |
| 6.4 CITY-ST-ZIP | Tampa FL 33611 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Bruce Williams* DATE: 3-20-96 (813) 837-2414

CR2E037 (12/95)