

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

4. FEI Number	Applied For
59-1374735	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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: *Eric R Johnson* DATE: 3-20-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBONS, PERRY	1.2 NAME	Horace "Cuz" Smith
STREET ADDRESS	815 W OHIO AVENUE	1.3 STREET ADDRESS	4417 W. Sevilla
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33629
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHADDAY, LARRY	2.2 NAME	Donna West
STREET ADDRESS	3902 DORAL DRIVE	2.3 STREET ADDRESS	818 S. Edison
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33606
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, ALAN	3.2 NAME	Jackie Manescala
STREET ADDRESS	910 BRUCE STREET	3.3 STREET ADDRESS	1920 W. North "B" St.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa FL 33606
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRANOVA, NICK	4.2 NAME	Marty Morris
STREET ADDRESS	4609 FAIR OAKS AVENUE	4.3 STREET ADDRESS	4013 Jetton Ave.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa FL 33629
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WADSWORTH, BILL	5.2 NAME	Charles Wilkie
STREET ADDRESS	4116 VASCONIA STREET	5.3 STREET ADDRESS	2318 Selkirk St.
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Valrico FL 33594
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBYM, BLANE	6.2 NAME	Bruce Williams
STREET ADDRESS	3208 ROGERS	6.3 STREET ADDRESS	3011 W. Asbury Pl
CITY-ST-ZIP	TAMPA FL	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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 (813) 837-2414
Date Daytime Phone #

CR2E037 (12/95)