

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 33611-1535
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country Hills.	29 Country Hills.

3. Date Incorporated or Qualified 08/20/1974	3a. Date of Last Report 03/25/1996
4. FEI Number 59-1374735	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	GIBBONS, PERRY	
STREET ADDRESS	815 W OHIO AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SHADDAY, LARRY	
STREET ADDRESS	3902 DORAL DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MANESCALA, JACKIE	
STREET ADDRESS	1920 W NORTH 'B' ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	MORRIS, MARTY	
STREET ADDRESS	4013 JETTON AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WILKIE, CHARLES	
STREET ADDRESS	2318 SELKIRK ST	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	KIRBYM, BLANE	
STREET ADDRESS	3208 ROGERS	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Mary Wooten		
1.3 STREET ADDRESS	4508 W. Knox		
1.4 CITY-ST-ZIP	Tampa FL 33614		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Larry Brooks		
2.3 STREET ADDRESS	3601 S. Gardenia		
2.4 CITY-ST-ZIP	Tampa FL 33629		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Ann Weaver		
3.3 STREET ADDRESS	4306 Zelar St.		
3.4 CITY-ST-ZIP	Tampa FL 33629		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Ron Naas		
4.3 STREET ADDRESS	7505 Winging Way Dr.		
4.4 CITY-ST-ZIP	Tampa FL 33615		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Horace S. Smith		
5.3 STREET ADDRESS	4417 W. Sevilla		
5.4 CITY-ST-ZIP	Tampa FL 33629		
6.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Bill White		
6.3 STREET ADDRESS	4922 Andros Dr.		
6.4 CITY-ST-ZIP	Tampa FL 33629		

14. I do 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.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date: 02-20-97 (813) 837-2414 Daytime Phone # 0047852

CP2E037 (9/96)