

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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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3. Date Incorporated or Qualified <b>08/20/1974</b>	3a. Date of Last Report <b>03/25/1996</b>
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25 Hills.	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Hills.
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4. FEI Number <b>59-1374735</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
**FL** B5 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	<b>P</b>	<input type="checkbox"/>
NAME	<b>GIBBONS, PERRY</b>	
STREET ADDRESS	<b>815 W OHIO AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>SHADDAY, LARRY</b>	
STREET ADDRESS	<b>3902 DORAL DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>MANESCALA, JACKIE</b>	
STREET ADDRESS	<b>1920 W NORTH 'B' ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>MORRIS, MARTY</b>	
STREET ADDRESS	<b>4013 JETTON AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>WILKIE, CHARLES</b>	
STREET ADDRESS	<b>2318 SELKIRK ST</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>KIRBYM, BLANE</b>	
STREET ADDRESS	<b>3208 ROGERS</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

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

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** *E. Johnson* **02-20-97** (813) 837-2414  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047852

CP2E037 (9/96)