

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED Apr 27 1998 8:00am Secretary of State

DOCUMENT # 730483 (5) BAYSHORE UNITED METHODIST CHURCH OF TAMPA, INC.



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

3. Date Incorporated or Qualified 08/20/1974 4. FEI Number 59-1374735 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent 81 Name ALAN WRIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 3909 S. MACDILL AVE 83 84 City TAMPA FL 85 Zip Code 33611

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] ALAN WRIGHT 4/17/98 DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. GIBBONS, PERRY 615 W OHIO AVENUE TAMPA FL BROOKS, LARRY 3901 S GARDENIA TAMPA FL WEAVER, ANN 4306 ZELAR ST TAMPA FL NAAS, RON 7605 WINGING WAY DR TAMPA FL SMITH, HORACE S 4417 W SEVILLA TAMPA FL WHITE, BILL 4922 ANDROS DR TAMPA FL

13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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.

SIGNATURE: ALAN WRIGHT 4-17-98 8 39-4797

CF2E037 (10/97)