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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **731986** **(6)**

1. Corporation Name
METROPOLITAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
2002 N. FLA. AVENUE TAMPA FL 33602	2002 N. FLA. AVENUE TAMPA FL 33602

3. Date Incorporated or Qualified: **02/26/1975**
3a. Date of Last Report: **03/29/1996**

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

4. FEI Number: **59-1477007** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be 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

HINTZMAN, MORRIS
615 HERCHEL DRIVE
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	JONES, MARSHALL		1.2 NAME	Kostoryz, Jim	
STREET ADDRESS	5910 BEJAMIN CTR. DRIVE		1.3 STREET ADDRESS	702 N Franklin St.	
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRUETZMACHER, MARK		2.2 NAME		
STREET ADDRESS	3314 ELIZABETH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MARTIN, MARSH		3.2 NAME	Martin, Marsha	
STREET ADDRESS	2805 PARKLAND BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HINTZMAN, MORRIS F		4.2 NAME	Hintzman, Morris E.	
STREET ADDRESS	615 HERCHEL DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Morris E Hintzman, Director 2/7/97 (813) 209-10(
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0079137