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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
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DOCUMENT # **731986** (6)
1. Corporation Name
METROPOLITAN MINISTRIES, INC.



Principal Place of Business 2002 N. FLA. AVENUE TAMPA FL 33602	Mailing Address 2002 N. FLA. AVENUE TAMPA FL 33602
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3. Date Incorporated or Qualified 02/26/1975	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HINTZMAN, MORRIS
615 HERCHEL DRIVE
TEMPLE TERRACE FL 33617**

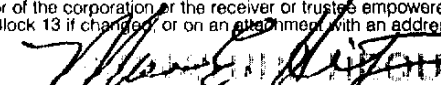
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL	85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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) 209-1000

CR2E037 (9/96)