SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State
09-08-1999 90005 027 ****70.00

DOCUMENT # 731986

Corporation Name

METROPOLITAN MINISTRIES, INC.

* 6 13429 - 90005 - 27 *

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

1. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip / Country (29) (30)

3. Date Incorporated or Qualifed: 02/26/1975

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

5. Certifcate of Status Desired ☒ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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: Huey, Mark
(82) Street Address (P.O. Box Number is Not Acceptable): 2002 North Florida Ave.
(83)
(84) City: Tampa, FL (85) Zip Code: 33602

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: Mark M. Huey — 7/20/99 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		
TLE	PD	☐ DELETE	1.1 TITLE	Chair/Director	☒ Change ☐ Addition
AME	KOSTORYZ, JIM		1.2 NAME	West, Bill	
REET ADDRESS	702 N FRANKLIN ST		1.3 STREET ADDRESS	101 Bayshore Blvd.	
TY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33606	
TLE	TD	☐ DELETE	2.1 TITLE	Treasurer/Director	☒ Change ☐ Addition
AME	GRUETZMACHER, MARK		2.2 NAME	Curtiss, Mark	
REET ADDRESS	3314 ELIZABETH COURT		2.3 STREET ADDRESS	11300 4th St. North, Suite 200	
TY-ST-ZIP	TAMPA FL 33629		2.4 CITY-ST-ZIP	St Petersburg, FL 33716	
TLE	SD	☐ DELETE	3.1 TITLE	Secretary/Director	☒ Change ☐ Addition
AME	MARTIN, MARSHA		3.2 NAME	Otte, Marsha	
REET ADDRESS	2805 PARKLAND BLVD.		3.3 STREET ADDRESS	945 Seddon Cove Way	
TY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33602	
TLE	P	☐ DELETE	4.1 TITLE	Executive Vice President	☒ Change ☐ Addition
AME	HINTZMAN, MORRIS E		4. 2 NAME	Huey, Mark	
REET ADDRESS	615 HERCHEL DRIVE		4.3 STREET ADDRESS	2002 North Florida Ave.	
TY-ST-ZIP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP	Tampa, FL 33602	
TLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
AME			5.2 NAME		
REET ADDRESS			5.3 STREET ADDRESS		
TY-ST-ZIP			5.4 CITY-ST-ZIP		
TLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
AME			6.2 NAME		
REET ADDRESS			6.3 STREET ADDRESS		
TY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 7/26/99 Date — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)