

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731986

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** METROPOLITAN MINISTRIES, INC.

**Current Principal Place of Business:**

2002 N. FLORIDA AVENUE  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

2002 N. FLORIDA AVENUE  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-1477007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARKS, TIM PRES  
2002 NORTH FLORIDA AVENUE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** HINTZMAN, MORRIS E  
**Address:** 2002 N. FLORIDA AVE  
**City-St-Zip:** TAMPA, FL 33602

**Title:** CHR  
**Name:** TIGERT, BRUCE  
**Address:** 3431 BAYSHORE BLVD  
**City-St-Zip:** TAMPA, FL 33609

**Title:** PRES  
**Name:** MARKS, TIM  
**Address:** 2002 N. FLORIDA AVE.  
**City-St-Zip:** TAMPA, FL 33602

**Title:** T  
**Name:** CORNETT, THOMAS P  
**Address:** 4110 W SANTIAGO ST  
**City-St-Zip:** TAMPA, FL 33629

**Title:** CFO  
**Name:** SIGNORE, PHIL  
**Address:** 2002 NORTH FLORIDA AVENUE  
**City-St-Zip:** TAMPA, FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PHIL SIGNORE

CFO

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date