FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:10

DOCUMENT # 733765 (2)

1. Corporation Name

BOARD OF TRUSTEES, HIGHLAND UNITED METHODIST CHU RCH, TAMPA, FLORIDA, INC.

Principal Place of Business	Mailing Address
HODIST CHURCH. TAMPA. FLORIDA. INC. 4212 NORTH BOULEVARD TAMPA FL 33603-3444	HODIST CHURCH. TAMPA. FLORIDA. INC. 4212 NORTH BOULEVARD TAMPA FL 33603-3444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1975	3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-6137194	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

GRANT, JOHN A., JR.
1411 N. WEST SHORE BLVD.
SUITE 110
TAMPA FL

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 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JAMES W	1.2 NAME	
STREET ADDRESS	4706 EDDY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WYNNS, WILLIAM J	2.2 NAME	
STREET ADDRESS	12926 N OREGON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	PENN, SCOTT F	3.2 NAME	
STREET ADDRESS	909 W. OHIO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FRISCO, CHARLES S	4.2 NAME	
STREET ADDRESS	919 PENINSULAR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JENNINGS, JAMES E	5.2 NAME	
STREET ADDRESS	12811 EASY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	OLDS, LARRY P.	6.2 NAME	
STREET ADDRESS	6701 N. BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James W. Jones February 15, 1995 877-5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083422