

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **733765** (2)
1. Corporation Name
BOARD OF TRUSTEES, HIGHLAND UNITED METHODIST CHURCH, TAMPA, FLORIDA, INC.



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

3. Date Incorporated or Qualified: **09/05/1975**
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6137194		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRANT, JOHN A., JR. 1411 N. WEST SHORE BLVD. SUITE 110 TAMPA FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAMES W		1.2 NAME	SUTTON, ROBERT	
STREET ADDRESS	4706 EDDY DR		1.3 STREET ADDRESS	9812 N. PAWNEE AVE.	
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNS, WILLIAM J		2.2 NAME	FRISCO, CHARLIE	
STREET ADDRESS	12926 N OREGON AVE.		2.3 STREET ADDRESS	919 PENINSULAR	
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP	TAMPA, FL 33603	
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENN, SCOTT F		3.2 NAME	PENN, SCOTT	
STREET ADDRESS	909 W. OHIO AVE.		3.3 STREET ADDRESS	909 W. OHIO	
CITY-ST-ZIP	TAMPA, FL 00000		3.4 CITY-ST-ZIP	TAMPA, FL 33603	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCO, CHARLES S		4.2 NAME	SUTTON, JANICE	
STREET ADDRESS	919 PENINSULAR		4.3 STREET ADDRESS	9812 N. PAWNEE AVE.	
CITY-ST-ZIP	TAMPA, FL 00000		4.4 CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JAMES E		5.2 NAME	NAPIER, ALDA	
STREET ADDRESS	12811 EASY ST.		5.3 STREET ADDRESS	211 W. WILDER	
CITY-ST-ZIP	TAMPA, FL 00000		5.4 CITY-ST-ZIP	TAMPA, FL 33603	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDS, LARRY P.		6.2 NAME	JENNINGS, JIM	
STREET ADDRESS	6701 N. BLVD.		6.3 STREET ADDRESS	12811 EASY STREET	
CITY-ST-ZIP	TAMPA, FL 00000		6.4 CITY-ST-ZIP	TAMPA, FL 33625-3701	

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)(k), 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: Scott F. Penn SCOTT F. PENN 25 FEB 96 (813)221-0114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)