

# 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

**METHODIST CHURCH, TAMPA, FLORIDA, INC.  
4212 NORTH BOULEVARD  
TAMPA FL 33603-3444**

Mailing Address

**METHODIST 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

21

26

4. FEI Number

**59-6137194**

Applied For  
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(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
NAME	JONES, JAMES W	
STREET ADDRESS	4706 EDDY DR	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WYNNS, WILLIAM J	
STREET ADDRESS	12926 N OREGON AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PENN, SCOTT F	
STREET ADDRESS	909 W. OHIO AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRISCO, CHARLES S	
STREET ADDRESS	919 PENINSULAR	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, JAMES E	
STREET ADDRESS	12811 EASY ST.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLDS, LARRY P.	
STREET ADDRESS	6701 N. BLVD.	
CITY-ST-ZIP	TAMPA, FL 00000	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUTTON, ROBERT	
1.3 STREET ADDRESS	9812 N. PAWNEE AVE.	
1.4 CITY-ST-ZIP	TAMPA, FL 33617	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRISCO, CHARLIE	
2.3 STREET ADDRESS	919 PENINSULAR	
2.4 CITY-ST-ZIP	TAMPA, FL 33603	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PENN, SCOTT	
3.3 STREET ADDRESS	909 W. OHIO	
3.4 CITY-ST-ZIP	TAMPA, FL 33603	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUTTON, JANICE	
4.3 STREET ADDRESS	9812 N. PAWNEE AVE.	
4.4 CITY-ST-ZIP	TAMPA, FL 33617	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NAPIER, ALDA	
5.3 STREET ADDRESS	211 W. WILDER	
5.4 CITY-ST-ZIP	TAMPA, FL 33603	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JENNINGS, JIM	
6.3 STREET ADDRESS	12811 EASY STREET	
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)