

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 07 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1975	3a. Date of Last Report 03/04/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Country

4. FEI Number 59-6137194	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 William J. Wynns
82 Street Address (P.O. Box Number is Not Acceptable) 12926 N. OREGON AV.
83
84 City Tampa
85 Zip Code FL 33612

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 *William J. Wynns* **WILLIAM J. WYNNS** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SUTTON, ROBERT	
STREET ADDRESS	9812 NORTH PAWNEE AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRISCO, CHARLIE	
STREET ADDRESS	919 PENINSULA	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PENN, SCOTT F	
STREET ADDRESS	909 W. OHIO AVE.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTTON, JANICE	
STREET ADDRESS	9812 NORTH PAWNEE AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NAPIER, ALDA	
STREET ADDRESS	211 WEST WILDER	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, JIM	
STREET ADDRESS	12811 EAST STREET	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P., D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARBARA J. ADAMS	
3.3 STREET ADDRESS	8312 Bardsley Rd	
3.4 CITY-ST-ZIP	Tampa, FL 33615	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LARRY P. OLOS	
4.3 STREET ADDRESS	6701 No. Bivl	
4.4 CITY-ST-ZIP	TAMPA, FL 33604	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William J. Wynns	
5.3 STREET ADDRESS	12926 N. OREGON	
5.4 CITY-ST-ZIP	TAMPA, FL 33612	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 on an attachment with an address.

SIGNATURE *William J. Wynns* **WILLIAM J. WYNNS**

CFR2037 (4/97)