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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYNNS, WILLIAM J  
12926 N OREGON AVE  
TAMPA FL 33612

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  
NAME SUTTON, ROBERT  
STREET ADDRESS 9812 NORTH PAWNEE AVENUE  
CITY-ST-ZIP TAMPA FL

1.1 TITLE D  
1.2 NAME Darby White  
1.3 STREET ADDRESS 414 W. North Bay  
1.4 CITY-ST-ZIP Tampa, FL. 33603

TITLE P  
NAME FRISCO, CHARLIE  
STREET ADDRESS 919 PENINSULA  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  
NAME ADAMS, BARBARA J  
STREET ADDRESS 8312 BEASLEY RD  
CITY-ST-ZIP TAMPA, FL 00000

3.1 TITLE  
3.2 NAME Barbara J. Adamo  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME SUTTON, JANICE  
STREET ADDRESS 9812 NORTH PAWNEE AVENUE  
CITY-ST-ZIP TAMPA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME WYNNS, WILLIAM J  
STREET ADDRESS 12926 N OREGON  
CITY-ST-ZIP TAMPA FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME OLOS, LARRY P  
STREET ADDRESS 6701 N BLVD  
CITY-ST-ZIP TAMPA FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address.

SIGNATURE:

CHARLIE FRISCO

3/16/98 8:00 AM 733765

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