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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90138 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733765

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/05/1975 4. FEI Number 59-6137194 Applied For Not Applicable 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
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9. Name and Address of Current Registered Agent WYNNS, WILLIAM J 12926 N OREGON AVE TAMPA FL 33612	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
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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 _____ 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	D WHITE, DARBY 414 W NORTH BAY TAMPA FL 33603	1.1 TITLE	PRESIDENT WALTER SEWARD 4212 No. BIVL TAMPA, FL 33603
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P FRISCO, CHARLIE 919 PENINSULA TAMPA FL	2.1 TITLE	DIRECTOR
	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T ADAMO, BARBARA J 8312 BEASLEY RD TAMPA, FL 00000	3.1 TITLE	216 S. MACDILL AV. TAMPA, FL 33609
	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D SUTTON, JANICE 9812 NORTH PAWNEE AVENUE TAMPA FL	4.1 TITLE	DIR. CHRISTOPHER GALLO 4212 No. BIVL TAMPA, FL 33603
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D WYNNS, WILLIAM J 12926 N OREGON TAMPA FL	5.1 TITLE	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Barbara J. Adamo **SIGNATURE REQUIRED** reas. 4/26/99 813 8761980
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)