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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 735256 (0)

1. Corporation Name

FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) OF
TAMPA, FLORIDA, INC.

Principal Place of Business

Mailing Address

350 HYDE PARK
TAMPA FL 33606

350 HYDE PARK
TAMPA FL 33606-2234

3. Date Incorporated or Qualified
03/15/1976

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0737875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

HILTON, JAMES A, DR.
350 HYDE PARK AVENUE
TAMPA FL 33606

81 Name

Rev. Roslin Springer

82 Street Address (P.O. Box Number is Not Acceptable)

350 Hyde Park Ave.

83

Tampa, FL 33606

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

Roslin Springer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HAYWARD, WILLIAM A	
STREET ADDRESS	4021 STARFISH LN	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ELDRIDGE, STEPHEN	
STREET ADDRESS	205 S BEVERLY	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMPSON, JANE	
STREET ADDRESS	208 LAKE PARSONS GREEN, #415	
CITY-ST-ZIP	BRANDON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAZIN, BETH	
STREET ADDRESS	4906 N DARBY	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sylvia Wood	
1.3 STREET ADDRESS	3306 E. Yukon	
1.4 CITY-ST-ZIP	Tampa, FL 33604	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Edna Hill	
2.3 STREET ADDRESS	4420 Watrous Ave.	
2.4 CITY-ST-ZIP	Tampa, FL 33629	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sandra Delaney	
4.3 STREET ADDRESS	11817 Lipsey Road	
4.4 CITY-ST-ZIP	Tampa, FL 33618	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, or on an attachment with an address.

SIGNATURE:

JANE THOMPSON, TREASURER
Jane Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047316

CR2E037 (9/96)