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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 735415 (2)

1. Corporation Name

TAMPA UNITED METHODIST CENTERS, INC.

Principal Place of Business	Mailing Address
~~3801 26TH ST. N~~ ~~PO BOX 5746~~ TAMPA FL 33605 US	~~P.O. BOX 5745~~ PO BOX 5746 TAMPA FL 33675 US

3. Date Incorporated or Qualified: 03/29/1976

4. FEI Number: 59-0638509 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2801 N 17th St	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JONES, LOUIS
2801 17TH STREET NORTH
TAMPA FL 33605

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

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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	LANE, CURTIS		1.2 NAME	James B Loper	
STREET ADDRESS	306 E JACKSON ST		1.3 STREET ADDRESS	704 W Bay St	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33606-2706	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEAD, VINCENT		2.2 NAME		
STREET ADDRESS	203 W ALEXANDER ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	RAMIREZ, REV NORA E.		3.2 NAME	Walter W. Niles	
STREET ADDRESS	PO BOX 8333 N/A		3.3 STREET ADDRESS	1405 Tampa Park Plaza	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33605	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	STEADMAN, REV. F DAVID		4.2 NAME	Tim Bennett	
STREET ADDRESS	37503 TRILBY RD		4.3 STREET ADDRESS	9417 Princess Palm Ave #575	
CITY-ST-ZIP	TRILBY FL		4.4 CITY-ST-ZIP	Tampa, FL 33619	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [signature] 3/20/98 (813)248-6259