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03-04-1999 90010 004 ****70.00

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735415

1. Corporation Name

TAMPA UNITED METHODIST CENTERS, INC.

Principal Place of Business

2801 N. 17TH STREET
PO BOX 5746
TAMPA FL 33605
US

Mailing Address

P. O. BOX 5746
PO BOX 5746
TAMPA FL 33675
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/29/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0638509

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, LOUIS
2801 17TH STREET NORTH
TAMPA FL 33605

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LOPER, JAMES B.
STREET ADDRESS 704 W. BAY ST
CITY-ST-ZIP TAMPA FL 33606

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME HEAD, VINCENT
STREET ADDRESS 203 W ALEXANDER ST
CITY-ST-ZIP PLANT CITY FL

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

TITLE SD
NAME NILES, WALTER W.
STREET ADDRESS 1405 TAMPA PARK PLAZA
CITY-ST-ZIP TAMPA FL 33605

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME BENNETT, TIM
STREET ADDRESS 9417 PRINCESS PALM AVE, #575
CITY-ST-ZIP TAMPA FL 33619

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 647, 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:

Roy Robinson 12/5/99

SIGNATURE REQUIRED

248-6259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)