

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90028 028 ****61.25

DOCUMENT # N03000008512

1. Entity Name
METROPOLITAN MINISTRIES FOUNDATION, INC.



Principal Place of Business
**2002 NORTH FLORIDA AVENUE
TAMPA, FL 33602**

Mailing Address
**2002 NORTH FLORIDA AVENUE
TAMPA, FL 33602**

54013064



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number **APPLIED FOR** ☒ Applied For ☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTUCH, ROBERT
FOWLER WHITE BOGGS BANKER P.A.
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Waltuch*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-20-04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
☐ Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HARRELL, C. STAN**
STREET ADDRESS **3225 S. MACDILL AVE., SUITE 126-255**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **D** ☐ Change ☒ Addition
NAME **CHAPPEL, COLLEEN**
STREET ADDRESS **5405 CYPRESS CENTER DR #250**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **D** ☐ Delete
NAME **ADAMS, GEORGE JR.**
STREET ADDRESS **4407 N. MANHATTAN AVENUE**
CITY-ST-ZIP **TAMPA, FL 33614**

TITLE **D** ☐ Change ☒ Addition
NAME **OELLERICH, DAVID E.**
STREET ADDRESS **1604 E. MARION ST.**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☐ Delete
NAME **SCHOBE, DAVID C**
STREET ADDRESS **501 E. KENNEDY BLVD, SUITE 1700**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☒ Change ☐ Addition
NAME **Shobe, DAVID C.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BLUMENTHAL, MARC C**
STREET ADDRESS **5902-A BRECKENRIDGE PARKWAY**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13976 LYNMAR BL**
CITY-ST-ZIP **TAMPA, FL 33626**

TITLE **D** ☐ Delete
NAME **BREWER, DEBORAH**
STREET ADDRESS **200 CARILLON PARKWAY**
CITY-ST-ZIP **NORTH ST. PETERSBURG, FL 33716**

TITLE **D** ☐ Change ☒ Addition
NAME **HINTZMAN, MORRIS E.**
STREET ADDRESS **2002 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☐ Delete
NAME **VAN PETTEN, MICHAEL**
STREET ADDRESS **100 N. TAMPA STREET**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Waltuch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04
Date

813-222-3303
Daytime Phone #