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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N38788

1. Corporation Name

THE UNITED COMMUNITY CHURCH OF NORTH TAMPA, INC.

Principal Place of Business

P O BOX 16142
TAMPA FL 33687-3142

Mailing Address

P O BOX 16142
TAMPA FL 33687-3142



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/26/1990

4. FEI Number

59-3027227

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

9. Name and Address of Current Registered Agent

JENSEN, MARK A.
6209 CHAUNCY ST
TAMPA FL 33647

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **MCNAUGHT, CHUCK**
STREET ADDRESS **5602 N IKE SMITH RD**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **DV** ☐ DELETE
NAME **JENSEN, MARK**
STREET ADDRESS **6209 CHAUNCY ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **DS** ☐ DELETE
NAME **BAKER, CAROL**
STREET ADDRESS **1113 N RIVERHILLS DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **CONRAD, RAY**
STREET ADDRESS **10820 N EDISON**
CITY-ST-ZIP **TAMPA FL**

TITLE **DT** ☐ DELETE
NAME **CRAMER, MELVA**
STREET ADDRESS **7605 NORTH 53RD STREET**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **CONRAD, ELMA**
STREET ADDRESS **10820 NORTH EDISON**
CITY-ST-ZIP **TAMPA FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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:

Mark A. Jensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/1999
Date

813-615-5613
Daytime Phone #

CR2E037 (11/98)