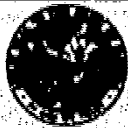


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39517 (0)

1. Corporation Name

ST. JOHN'S UNITED METHODIST CHURCH OF TAMPA, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**5120 MENDENHALL DRIVE
TAMPA FL 33603**

**5120 MENDENHALL DRIVE
TAMPA FL 33603**

3. Date Incorporated or Qualified

08/08/1990

3a. Date of Last Report

03/15/1994

4. FEI Number

59-1196850

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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

**GOFORTH, JAY P
5120 MENDENHALL DR
TAMPA FL 33603**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when consenting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	GARCIA, LOIS
STREET ADDRESS	1909 W ERNA DR
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	PARRA, JOSEPH
STREET ADDRESS	1021 BLANN DR
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	MCNEESE, CLAUDE
STREET ADDRESS	1807 W. LOUISIANA AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	ROBERTY, HUGO
STREET ADDRESS	2123 FARWELL DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	DC	☒ Change ☐ Addition
1.2 NAME	Hugo N. Roberty	
1.3 STREET ADDRESS	2123 Farwell Drive	
1.4 CITY-ST-ZIP	Tampa, FL 33603	
2.1 TITLE	DC	☐ Change ☒ Addition
2.2 NAME	Edward P. Campbell	
2.3 STREET ADDRESS	1708 Erna Drive	
2.4 CITY-ST-ZIP	Tampa, FL 33603	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	James Anderson	
3.3 STREET ADDRESS	927 Beacon Ave.	
3.4 CITY-ST-ZIP	Tampa, FL 33603	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Harry Owens	
4.3 STREET ADDRESS	1551 River Lane	
4.4 CITY-ST-ZIP	Tampa, FL 33603	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hugo N. Roberty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGO N. ROBERTY

4/20/95 876-2381

Date

Telephone #