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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N39517 (0)  
1. Corporation Name  
ST. JOHN'S UNITED METHODIST CHURCH OF TAMPA, INC



Principal Place of Business Mailing Address  
5120 MENDENHALL DRIVE TAMPA FL 33603  
5120 MENDENHALL DRIVE TAMPA FL 33603-1511

3. Date Incorporated or Qualified 08/08/1990  
3a. Date of Last Report 01/31/1996

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 4. FEI Number<br>59-1196850<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|--|--|---|---|

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>GOFORTH, JAY P<br>5120 MENDENHALL DR<br>TAMPA FL 33603 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |
|--|--|--|---|
| TITLE<br>DC<br>NAME<br>ROBERTY, HUGO N<br>STREET ADDRESS<br>2123 FARWELL DRIVE<br>CITY-ST-ZIP<br>TAMPA FL    | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>D<br>1.2 NAME<br>ROBERTY, HUGO N<br>1.3 STREET ADDRESS<br>2123 FARWELL DRIVE<br>1.4 CITY-ST-ZIP<br>TAMPA, FLORIDA 33603               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>D<br>NAME<br>PARRA, JOSEPH<br>STREET ADDRESS<br>1021 BLANN DR<br>CITY-ST-ZIP<br>TAMPA FL            | <input type="checkbox"/> DELETE            | 2.1 TITLE<br>D<br>2.2 NAME<br>EDWARD CAMPBELL<br>2.3 STREET ADDRESS<br>1708 ERNA DRIVE<br>2.4 CITY-ST-ZIP<br>TAMPA, FLORIDA 33603                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>D<br>NAME<br>MCNEESE, CLAUDE<br>STREET ADDRESS<br>1807 W. LOUISIANA AVE.<br>CITY-ST-ZIP<br>TAMPA FL | <input type="checkbox"/> DELETE            | 3.1 TITLE<br>DC<br>3.2 NAME<br>DON DIXON<br>3.3 STREET ADDRESS<br>2803 WEST LAKE AVENUE<br>3.4 CITY-ST-ZIP<br>TAMPA, FLORIDA 33607                 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>DC<br>NAME<br>CAMPBELL, EDWARD P<br>STREET ADDRESS<br>1708 ERNA DRIVE<br>CITY-ST-ZIP<br>TAMPA FL    | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br>D<br>4.2 NAME<br>LOIS GARCIA<br>4.3 STREET ADDRESS<br>1909 WEST ERNA DRIVE<br>4.4 CITY-ST-ZIP<br>TAMPA, FLORIDA <del>1111</del> 33603 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>D<br>NAME<br>OWENS, HARRY<br>STREET ADDRESS<br>1551 RIVER LAND<br>CITY-ST-ZIP<br>TAMPA FL           | <input type="checkbox"/> DELETE            | 5.1 TITLE<br>D<br>5.2 NAME<br>ISABEL CHRISTIAN<br>5.3 STREET ADDRESS<br>2306 WEST HENRY AVENUE<br>5.4 CITY-ST-ZIP<br>TAMPA, FLORIDA 33603          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Edward P. Campbell 2-10-97 813-876-8272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047097

CR2E037 (9/96)