


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N39517</b> (0) 1. Corporation Name <b>ST. JOHN'S UNITED METHODIST CHURCH OF TAMPA, INC</b>			
Principal Place of Business <b>5120 MENDENHALL DRIVE TAMPA FL 33603</b>		Mailing Address <b>5120 MENDENHALL DRIVE TAMPA FL 33603</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>08/08/1990</b>		4. FEI Number <b>59-1196850</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GOFORTH, JAY P 5120 MENDENHALL DR TAMPA FL 33603</b>		10. Name and Address of New Registered Agent 81 Name <b>Marcia Austin</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4812 Mendenhall Drive</b> 83 84 City <b>Tampa</b> <b>FL</b> 85 Zip Code <b>33603</b>	
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 <i>Marcia M. Austin</i> <b>MARCIA M. AUSTIN</b> <b>03/10/98</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>ROBERTY, HUGO N</b> <b>2123 FARWELL DRIVE</b> <b>TAMPA FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>TRC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Roberty, Hugo N</b> <b>2123 Farwell Drive</b> <b>Tampa, FL 33603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>CAMPBELL, EDWARD</b> <b>1708 ERNA DRIVE</b> <b>TAMPA FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRC</b> <b>Campbell, Edward</b> <b>1708 Erna Drive</b> <b>Tampa, FL 33603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>MCNEESE, CLAUDE</b> <b>1807 W. LOUISIANA AVE.</b> <b>TAMPA FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TR</b> <b>McNeese, Claude</b> <b>1807 W. Louisiana Ave.</b> <b>Tampa, FL 33603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <input type="checkbox"/> DELETE <b>DIXON, DON</b> <b>2803 WEST LAKE AVENUE</b> <b>TAMPA FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TR</b> <b>Dixon, Don</b> <b>2803 W. Lake Ave.</b> <b>Tampa, FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>OWENS, HARRY</b> <b>1551 RIVER LAND</b> <b>TAMPA FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TR</b> <b>Owens, Harry</b> <b>1551 River Lane</b> <b>Tampa, FL 33603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>GARCIA, LOIS</b> <b>1909 WEST ERNA DRIVE</b> <b>TAMPA FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TR</b> <b>Garcia, Lois</b> <b>1909 W. Erna Dr.</b> <b>Tampa, FL 33603</b>

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.

SIGNATURE: *Hugo N. Roberty* **HUGO N. ROBERTY** **3-12-98** **813-876-7082**

CR2E037 (10/97)