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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N39517

1. Corporation Name

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

Principal Place of Business

5120 MENDENHALL DRIVE
TAMPA FL 33603

Mailing Address

5120 MENDENHALL DRIVE
TAMPA FL 33603



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/08/1990

4. FEI Number

59-1196850

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

AUSTIN, MARCIA
4812 MENDENHALL DR
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name

Rev. Gary N. Beam

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

5120 Mendenhall Drive

83

84 City

Tampa

FL

85 Zip Code

33603

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]

(NOTE: Registered Agent signature required when reinstating)

2/25/99

12. OFFICERS AND DIRECTORS

TITLE TRC ☐ DELETE
NAME ROBERTY, HUGO N
STREET ADDRESS 2123 FARWELL DRIVE
CITY-ST-ZIP TAMPA FL 33603

TITLE TRC ☐ DELETE
NAME CAMPBELL, EDWARD
STREET ADDRESS 1708 ERNA DRIVE
CITY-ST-ZIP TAMPA FL 33603

TITLE TR ☒ DELETE
NAME MCNEESE, CLAUDE
STREET ADDRESS 1807 W. LOUISIANA AVE.
CITY-ST-ZIP TAMPA FL 33603

TITLE TR ☒ DELETE
NAME DIXON, DON
STREET ADDRESS 2803 WEST LAKE AVENUE
CITY-ST-ZIP TAMPA FL 33607

TITLE TR ☐ DELETE
NAME OWENS, HARRY
STREET ADDRESS 1551 RIVER LAND
CITY-ST-ZIP TAMPA FL 33607

TITLE TR ☐ DELETE
NAME GARCIA, LOIS
STREET ADDRESS 1909 WEST ERNA DRIVE
CITY-ST-ZIP TAMPA FL 33603

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TR ☒ Change ☐ Addition
1.2 NAME Roberty, Hugo N
1.3 STREET ADDRESS 2123 Farwell Drive
1.4 CITY-ST-ZIP Tampa, FL 33603

2.1 TITLE TR ☒ Change ☐ Addition
2.2 NAME Campbell, Edward
2.3 STREET ADDRESS 1708 Erna Drive
2.4 CITY-ST-ZIP Tampa, FL 33603

3.1 TITLE TRC ☐ Change ☒ Addition
3.2 NAME Peterman, Janet
3.3 STREET ADDRESS 1705 W. Comanche Ave.
3.4 CITY-ST-ZIP Tampa, FL 33603

4.1 TITLE TR ☐ Change ☒ Addition
4.2 NAME Burnham, Karen
4.3 STREET ADDRESS 3309 W. Osborne Ave.
4.4 CITY-ST-ZIP Tampa, FL 33614

5.1 TITLE T ☐ Change ☒ Addition
5.2 NAME Austin, Marcia
5.3 STREET ADDRESS 4812 Mendenhall Drive
5.4 CITY-ST-ZIP Tampa, Florida 33603

6.1 TITLE TR ☐ Change ☒ Addition
6.2 NAME Parra, Joseph
6.3 STREET ADDRESS 1021 Blann Drive
6.4 CITY-ST-ZIP Tampa, Florida 33603

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: *[Signature]* 2/25/99 (813) 876-2381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)