

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 AUG 25 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1994-1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51299

1. Corporation Name

CHRIST UNITED METHODIST church
OF TAMPA, INC.

Principal Place of Business

Mailing Address

CHRIST UNITED Methodist
Church

3304 EAST Columbus Drive
TAMPA, FL 33605

3. Date incorporated or Qualified

3a. Date of Last Report

10-15-92

4. FEI Number

Applied For

65-3891358

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 3304 EAST Columbus DR

25 Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA, FL

28

24 33605

Country
USA

29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JOHN CHRISTOPHER

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

4806 ASHLAND DRIVE

83 400002278544--4

84 City TAMPA

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 JOHN CHRISTOPHER

John Christopher 8/21/97

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ALEXANDER, George E
STREET ADDRESS 815 Knight ST
CITY-ST-ZIP SEFFNER, FL

DELETE

TITLE D
NAME HICKMAN, ARTHUR
STREET ADDRESS 320 AMELIA AVE
CITY-ST-ZIP TAMPA, FL

DELETE

TITLE VD
NAME HOEPNER, PETE
STREET ADDRESS 5227 Presidential
CITY-ST-ZIP SEFFNER, FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE C/D
1.2 NAME Christopher, JOHN
1.3 STREET ADDRESS 4806 ASHLAND Drive
1.4 CITY-ST-ZIP TAMPA, FL 33610

Change Addition

2.1 TITLE TD
2.2 NAME JOINER, THOMAS
2.3 STREET ADDRESS 5428 Pine Street
2.4 CITY-ST-ZIP Seffner, FL 33584

Change Addition

3.1 TITLE SD
3.2 NAME Ponder, Ernestine
3.3 STREET ADDRESS 3409 Machado Street
3.4 CITY-ST-ZIP TAMPA, FL 33605

Change Addition

4.1 TITLE D
4.2 NAME HENDRIX, EMMA
4.3 STREET ADDRESS 3406 EAST 33rd AVE
4.4 CITY-ST-ZIP TAMPA, FL 33610

Change Addition

5.1 TITLE VD
5.2 NAME RAINES, William
5.3 STREET ADDRESS 4832 ASHLAND Drive
5.4 CITY-ST-ZIP TAMPA, FL 33610

Change Addition

6.1 TITLE D
6.2 NAME HARMON, MOSES
6.3 STREET ADDRESS 4405 ATWOOD
6.4 CITY-ST-ZIP TAMPA, FL 33610

Change Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/97 813 621377

813-621-3775

CR2E037 (12/95)