

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90027 004 ****61.25

DOCUMENT #

1. Corporation Name

CHRIST UNITED METHODIST CHURCH of TAMPA INC.

Principal Place of Business

Mailing Address

3304 E. Columbus DR.
TAMPA, FL 33605

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTOPHER, JOHN
4806 Ashland Drive
TAMPA, FL 33610

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 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, 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 CD
NAME CHRISTOPHER, JOHN
STREET ADDRESS 4806 Ashland Drive
CITY-ST-ZIP TAMPA, FL 33610

1.1 TITLE D
1.2 NAME WILSON, ANDREW
1.3 STREET ADDRESS 2608 20th Ave East
1.4 CITY-ST-ZIP TAMPA, FL 33605

TITLE TD
NAME JOINER, THOMAS
STREET ADDRESS 5428 PINE STREET
CITY-ST-ZIP

2.1 TITLE D
2.2 NAME NELSON, JAMES
2.3 STREET ADDRESS 2602 27th Street North
2.4 CITY-ST-ZIP TAMPA, FL 33605

TITLE SD
NAME PONDER, EARNESTINE
STREET ADDRESS 3409 MACHADO STREET
CITY-ST-ZIP TAMPA, FL 33605

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME HENDRIX, EMMA
STREET ADDRESS 3406 EAST 33RD AVE
CITY-ST-ZIP TAMPA, FL 33610

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME RAINES, WILLIAMS
STREET ADDRESS 4832 ASHLAND DRIVE
CITY-ST-ZIP TAMPA, FL 33610

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

John Christopher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

Daytime Phone #

CR2E037 (1/98)