

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 23 AM 9:10

DOCUMENT # N94000005630 (8)

1. Corporation Name

THE DISTRICT BOARD OF TRUSTEES OF THE TAMPA DISTRICT OF THE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

5030 EAST BUSCH BLVD.
TAMPA FL 33617

5030 EAST BUSCH BLVD.
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/15/1994

4. FEI Number

59-1683444

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COURTOY, CHARLES
5030 EAST BUSCH BLVD.
TAMPA FL 33617

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Charles W. Courtoy

(NOTE: Registered Agent signature required when registering)

1/17/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RYDELL, KATHY
STREET ADDRESS	10112 HAMPTON PL.
CITY-ST-ZIP	TAMPA FL 33618
TITLE	DV
NAME	BROWN, SHERYL
STREET ADDRESS	6519 SPANISH MOSS CIR.
CITY-ST-ZIP	TAMPA FL 33624
TITLE	DST
NAME	SCOTT, RHONIE JR.
STREET ADDRESS	1905 TAYLOR ROAD
CITY-ST-ZIP	SEFFNER FL 33594
TITLE	D
NAME	FORD, REV. CRAIG
STREET ADDRESS	5030 EAST BUSCH BLVD.
CITY-ST-ZIP	TAMPA FL 33617
TITLE	D
NAME	CULP, JIM
STREET ADDRESS	5030 EAST BUSCH BLVD.
CITY-ST-ZIP	TAMPA FL 33617
TITLE	D
NAME	DER, BOB
STREET ADDRESS	5030 EAST BUSCH BLVD.
CITY-ST-ZIP	TAMPA FL 33617

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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, changed, or on an attachment with an address.

SIGNATURE:

Kathy Rydell
Kathy Rydell

(SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/17/95

DATE

932-8410

TELEPHONE NUMBER