

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

01/23/1995

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

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

DAVID L. BRAZELTON

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

5030 EAST BUSCH BLVD

83

84 City

TAMPA

FL

85 Zip Code

33617

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

David L. Brazelton

David L. Brazelton, District Secretary, Un. Methodist Ch.

1/28/96

Signature, typed or printed name of registered agent (11/15/1994 to 11/15/1995)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **RYDELL, KATHY**
CITY-ST-ZIP **10112 HAMPTON PL.
TAMPA FL 33618**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **BROWN, SHERYL**
CITY-ST-ZIP **6519 SPANISH MOSS CIR.
TAMPA FL 33624**

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DST**
STREET ADDRESS **SCOTT, RHONIE JR.**
CITY-ST-ZIP **1905 TAYLOR ROAD
SEFFNER FL 33584**

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **FORD, REV. CRAIG**
CITY-ST-ZIP **5030 EAST BUSCH BLVD.
TAMPA FL 33617**

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **CULP, JIM**
CITY-ST-ZIP **5030 EAST BUSCH BLVD.
TAMPA FL 33617**

23 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **DER, BOB**
CITY-ST-ZIP **5030 EAST BUSCH BLVD.
TAMPA FL 33617**

24 NAME ☐ 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:

Kathleen C. Rydell

1-30-96

932-8710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)