FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400005630 (8)
1. Corporation Name

THE DISTRICT BOARD OF TRUSTEES OF THE TAMPA DIST RICT 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 L. 01/23	ast Report /1995
2. Principal Pla 21	ice of Business	2a. Mailing Address 26			4. FEI Number 59-1683444		Applied For Not Applicable
Suite, Apt. #	F, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional
City & State		City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			1rust Fund Contribution		ided to Fees
Ζιρ 24	Country 25	Zıp 29	Gountry 30		This corporation has liability for in Florida Statutes	ntangible tax unde] Yes [] No	r s. 199.032,
24	9. Name and Address of Curren		1301		10. Name and Address of New Ro		
***************************************			81 1	Name 📆	2 0 4		<i>(</i>
COURTOY, CHARLES				Street Addres	PAVID L. DKAZELTON gress (P.O. Box Number is Not Acceptable)		
5030 EAS	ST BUSCH BLVD.			50	30 EAST B	usch 1	BLVD
tampa f	L 33617		83				
			84 (City	-A 44 O A	E 85	Zip Code
11 Pursuant to	o the provisions of Sections 617,0502	and 617 1508. Florida Statut	es the above-nar	ned corporate	on submits this statement for the pure	FL Ose of changing i	536 / 7
or register	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such ch ange was authoriz	ed by the corpora	ation's board	of directors. I hereby accept the appo	intment as registe	red agent. I am
SIGNATURA	aria accept the domestions of section	/ T. V	١ .	-	~ 11 M	12-01 1/2	196
SIGNATORI	alignature, typed or printed name of registered agost	and the in the like a like a like (No	OTE: Registereo Agent se	gnature required w	ren rensamg:	LONIE /	40 - 122 - 1
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		
TITLE	DP DVDELL MATING	DELETE	1 1 TITLE			Chan	ge Addition
NAME	RYDELL, KATHY		1 2 NAME				
STREET ADDRESS	10112 HAMPTON PL.		1.3 STREET AD				
C:TY - ST ZIP TITLE	TAMPA FL 33618 DV	DELETE	14 CITY-ST-7 21 TIFLE	2117		☐ Chan	ge Addition
NAME	Brown, Sheryl		22 NAME				ao 🛅ao
STREET ADDRESS	6519 SPANISH MOSS CIR.		2 3 STREET AD	DRESS			
CITY - S? - ZIP	TAMPA FL 33624		2 4 City - St -	ZIP			
TIFLE	DST	DELETE	3 1 TITLE			Chan	ge Addition
NAME	SCOTT, RHONIE JR.		3 2 NAME				
STREET ADDRESS	1905 TAYLOR ROAD		3 3 STREET AD	OURESS			
CITY - ST - ZIP	SEFFNER FL 33584	C Delete	3 4. CITY - ST-	ZIP			
TITLE	D DOWN OUT OUT	DELETE	4.1 TITLE			☐ Chan	ge
NAME CLOCKY APPRICE	FORD, REV. CRAIG		4 2 NAME	NODE CC			
STREET ADDRESS CITY-ST-ZIP	5030 EAST BUSCH BLVD. TAMPA FL 33617		4.3 STREET AD				
TITLE	D	DELETE	4.4 CITY - ST 5.1 TITLE	411		☐ Chan	ge Addition
NAME	CULP, JIM		5.2 NAME			_	_
STREET ADDRESS	5030 EAST BUSCH BLVD.		5 3 STREET AC	ODRESS			
CITY-ST-ZIP	TAMPA FL 33617		5 4 CITY - ST - 3	ZIF			
TIFLE	D	DELETE	6 1 TITLE			☐ Chan	ge 🔲 Addition
NAME	DER, BOB		6.2 NAME				
STREET ADDRESS	5030 EAST BUSCH BLVD.		6.3 STREET AD	ODRESS			
CITY-ST-ZIP	TAMPA FL 33617		64 C/TY-ST-			ASSET FOR THE	
14 Loo hereb	vicertify that the information supplied a	with this blind is valuntarily for	usned and does r	not duality for	the exemption stated in Section 119.	uzzolki Florida St	arrites Eturther

i. 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

1-30-96

932-8710

Daytime Phone #

. | 1281|1984 | 1181 | 1191 | 1291 | 1294 | 1294 | 1295 | 1295 | 1295 | 1296 | 1296 | 1296 | 1296 | 1296 | 129