

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

4. FEI Number

59-1683444

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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 **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

Director, District Board of Trustees, Tampa District, U.M. Methodist Ch. 1/28/96

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RYDELL, KATHY	
STREET ADDRESS	10112 HAMPTON PL.	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BROWN, SHERYL	
STREET ADDRESS	6519 SPANISH MOSS CIR.	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SCOTT, RHONIE JR.	
STREET ADDRESS	1905 TAYLOR ROAD	
CITY - ST - ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, REV. CRAIG	
STREET ADDRESS	5030 EAST BUSCH BLVD.	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CULP, JIM	
STREET ADDRESS	5030 EAST BUSCH BLVD.	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DER, BOB	
STREET ADDRESS	5030 EAST BUSCH BLVD.	
CITY - ST - ZIP	TAMPA FL 33617	

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 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)