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FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33617-5304

3. Date Incorporated or Qualified  
11/15/1994

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
59-1683444

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

BRAZELTON, DAVID L  
5030 E 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 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME T  
4.3 STREET ADDRESS Perrin, Carol  
4.4 CITY-ST-ZIP 5030 E. Busch Blvd.  
Tampa, FL 33617

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

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

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

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Carol Perrin

1/19/97

(813)  
988-2408

CR2E037 (9/96)