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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005630

1. Corporation Name

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

Principal Place of Business

5030 EAST BUSCH BLVD.
TAMPA FL 33617

Mailing Address

5030 EAST BUSCH BLVD.
TAMPA FL 33617



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

11/15/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1683444

Applied For ~
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 title 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 DP
1.2 NAME Jim Benault
1.3 STREET ADDRESS 10701 Sheldor Rd
1.4 CITY-ST-ZIP TAMPA, FL 33626
 Change Addition

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

2.1 TITLE DV
2.2 NAME MARK Buell
2.3 STREET ADDRESS 401 E. JACKSON ST.
2.4 CITY-ST-ZIP TAMPA, FL 33602
 Change Addition

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

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

TITLE T
NAME PERRIN, CAROL
STREET ADDRESS 5030 E. BUSCH BLVD.
CITY-ST-ZIP TAMPA FL
 DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
 Change Addition

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Signature Required* CAROL PERRIN 1-19-99 813-988-2408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)