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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005986 (4)

1. Corporation Name

FAITH UNITED METHODIST CHURCH OF TAMPA, INC.

FILED

96 MAY -1 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4410
4400 W SLIGH AVE
TAMPA FL 33612 33614
US

P O BOX 151835
TAMPA FL 33684-1835
US

3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report
05/01/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYES
HAYEA, IMOGENE W
4516 W CLIFTON AVE
TAMPA FL 33614

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

TITLE ☐ DELETE

NAME DUBOSE, ELIZABETH
STREET ADDRESS 2701 W WATERS APT 1308
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME WARHUL, LOIS M
STREET ADDRESS 5801 BARRY LANE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME FITZSIMMONS, EDNA
STREET ADDRESS 5009 N RENELLIE DR
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME ~~IMOGENE W. HAYES~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

IMOGENE W. HAYES
4516 W CLIFTON
TAMPA, FL 33614

7000001821527
-05/15/96-04009-022
*****61.25 *****61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IMOGENE W. HAYES

4/15/96 (813) 884-2824

CR2E037 (12/95)