

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

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1. Corporation Name

FAITH UNITED METHODIST CHURCH OF TAMPA, INC.

Principal Place of Business

4410 W SLIGH AVE  
TAMPA FL 33614  
US

Mailing Address

P O BOX 151835  
TAMPA FL 33684-1835  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 3317 W ABDELLA ST  
Suite, Apt. #, etc.

27 TAMPA, FL  
City & State

28 33607-1508  
Zip Country

29 30 Hills.

3. Date Incorporated or Qualified

12/06/1994

4. FEI Number

65-0198102

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

9. Name and Address of Current Registered Agent

HAYES, IMOGENE W  
4516 W CLIFTON AVE  
TAMPA FL 33614

10. Name and Address of New Registered Agent

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

DELETE

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

DELETE

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

DELETE

TITLE D  
NAME HAYES, IMOGENE W  
STREET ADDRESS 4516 W. CLIFTON AVE  
CITY-ST-ZIP TAMPA FL 33614

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

D  
DUROSE ELIZABETH  
2100 WORLD PARKWAY APT 44  
CLEAR WATER, FL

Change

Addition

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

Change

Addition

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

Change

Addition

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

Change

Addition

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

Change

Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/Date

Daytime Phone #

CR2E037 (11/98)