


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007227 (8)

1. Corporation Name

METROPOLITAN MINISTRIES ACADEMY, INC.

Principal Place of Business

Mailing Address

2002 NORTH FLORIDA AVENUE
TAMPA FL 33602

2002 NORTH FLORIDA AVENUE
TAMPA FL 33602

3. Date Incorporated or Qualified

12/31/1997

4. FEI Number

59-3490788

Applied For

Not Applicable

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

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, CHARLES
2002 NORTH FLORIDA AVENUE
TAMPA FL 33602

81 Name

Huey, Mark M.

82 Street Address (P.O. Box Number is Not Acceptable)

2002 North Florida Avenue

83

84 City

Tampa

FL

85 Zip Code
33602

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

Mark M Huey

Mark M Huey, Vice President

4/1/98

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	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, CHARLES	
STREET ADDRESS	2002 NORTH FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	D	<input type="checkbox"/> DELETE
NAME	NOTO, KELLY	
STREET ADDRESS	1423 HOWARD AVENUE SOUTH	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARNARD, JAMES	
STREET ADDRESS	507 MONTROSE AVENUE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUEY, MARK M.	
1.3 STREET ADDRESS	2002 No. Florida Avenue	
1.4 CITY-ST-ZIP	Tampa, FL 33602	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joel M. Ellis	
2.3 STREET ADDRESS	15100 Contoy Place	
2.4 CITY-ST-ZIP	Tampa, FL 33618	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steve Gavalas	
3.3 STREET ADDRESS	400 N. Ashley Dr. 6th Floor	
3.4 CITY-ST-ZIP	Tampa, FL 33602	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Donna Anderson	
4.3 STREET ADDRESS	7245 River Forest Lane	
4.4 CITY-ST-ZIP	Temple Terrace, FL 33617	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Christine Long	
5.3 STREET ADDRESS	2002 North Florida Avenue	
5.4 CITY-ST-ZIP	Tampa, FL 33602	

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 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.

SIGNATURE:

Mark M Huey

REQUIRED Mark M Huey, V

4/1/98

(813) 209-1000

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