2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 710937

1. Entity Name
FIRST UNITED CHURCH OF TAMPA, FLORIDA, INC.
(CONGREGATIONAL)

Principal Place of Business	Mailing Address
7308 E FOWLER AVE. TAMPA, FL 33617	7308 E FOWLER AVE. TAMPA, FL 33617

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07092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3268170
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, MICHAEL A
1301 FOGGY RIDGE PKWY
LUTZ, FL 33559

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000168649
07/28/04-80005-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MITCHELL, MARGARET
STREET ADDRESS	11717 UNICORN RD
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	SD
NAME	ELLSWORTH, LEWIS
STREET ADDRESS	11107 N 21ST ST
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	BINFORD, JESSE
STREET ADDRESS	1905 E 111TH AT
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	T
NAME	KNECHT, JANET I
STREET ADDRESS	2523 LAKE ELLEN LANE
CITY-ST-ZIP	TAMPA, FL 336183205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Michael A. Stephenson 7-11-04 727-816-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #