

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90114 024 ****61.25

DOCUMENT # 710937

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



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

Mailing Address
**7308 E FOWLER AVE.
TAMPA, FL 33617**

50029177



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3268170

Applied For
Not Applicable

Zip

Country

Zip

Country

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**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **MITCHELL, MARGARET**
STREET ADDRESS **11717 UNICORN RD**
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE **SD** ☐ Delete
NAME **ELLSWORTH, LEWIS**
STREET ADDRESS **11107 N 21ST ST**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **D** ☐ Delete
NAME **BINFORD, JESSE**
STREET ADDRESS **1905 E 111TH AT**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE **T** ☐ Delete
NAME **KNECHT, JANET I**
STREET ADDRESS **2523 LAKE ELLEN LANE**
CITY-ST-ZIP **TAMPA, FL 336183205**

TITLE **TREASURER** ☐ Delete
NAME **TERRY J. GRIFFIN** **ADD.**
STREET ADDRESS **5121 PURITAN CIR.**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #