

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90340 036 ****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
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP CR2E037 (4/06)

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RONEY, JIM 14550 BRUCE B DOWNS #107 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRIFFIN, TERRY 5121 PURITAN CT TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP KUTCHER, NAN 10712 CARROLWOOD DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCFARLAND, DAVID E 4941 ANNISTON CIRCLE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHRISTISON, JIM 10414 CHATUGA DRIVE SAN ANTONIO, FL 33576
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 exemptions contained in Chapter 119, 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: <i>Carol S Taylor</i>	Date: <i>4/11/08</i>	Daytime Phone #: <i>813-380-0748</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		