

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90691 036 \*\*\*\*61.25

**DOCUMENT # 710937**

1. Entity Name

**FIRST UNITED CHURCH OF TAMPA, FLORIDA, INC. (CON GREGATIONAL)**



Principal Place of Business

**7308 E FOWLER AVE.  
TAMPA FL 33617**

Mailing Address

**7308 E FOWLER AVE.  
TAMPA FL 33617**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3268170**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAMPOLLA, DORIS  
405 JOYCE AVENUE  
TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

Name **MICHAEL A. STEPHENSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**1301 FOGGY RIDGE PKWY**  
City **LUTZ** FL Zip Code **33559**

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 **MICHAEL A STEPHENSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-23-03**

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD MITCHELL, MARGARET 11717 UNICORN RD TAMPA FL 33637</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ELLSWORTH, LEWIS 11107 N 21ST ST TAMPA FL 33612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BINFORD, JESSE 1905 E 111TH AT TAMPA FL 33612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KNECHT, JANET I 2523 LAKE ELLEN LANE TAMPA FL 33618-3205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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**

**Michael A. Stephenson**

**3-15-2003 813 949 5187**

CR2E037 (10/02)