
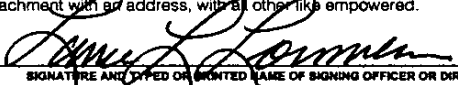


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 031 ****61.25

DOCUMENT # 716736					
1. Entity Name SEMINOLE HEIGHTS UNITED METHODIST CHURCH, INC.					
Principal Place of Business 6111 CENTRAL AVENUE TAMPA, FL 33604-6709 US			Mailing Address 6111 CENTRAL AVENUE TAMPA, FL 33604-6709 US		
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 59-0657332	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOWMAN, LANCE L MR. C/O SEMINOLE HGHTS UNITED METHODIST CHURCH 6111 CENTRAL AVENUE TAMPA, FL 33604			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, CHARLES MR.		NAME	Soderberg, Katherine Mrs	
STREET ADDRESS	13926 CHERRY CREEK DR		STREET ADDRESS	310 E Cluster	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa, FL 33604	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESSER, LARRY MR		NAME	Gruber, Richard Mr	
STREET ADDRESS	2108 W. FLORA ST.		STREET ADDRESS	10202 Cliff Cir	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	Tampa FL 33612	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWMAN, LANCE MR.		NAME	Ferguson, Dorothy Ms	
STREET ADDRESS	1408 POINT COURT		STREET ADDRESS	4808 E 98 Ave	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	Tampa, FL 33617	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHADWICK, DIANE		NAME	Culberson, T.C.	
STREET ADDRESS	1209 E. POWHATAN		STREET ADDRESS	807 Monaco Dr	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	Tampa FL 33613	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHLETT, CYNTHIA MRS.		NAME	ROGERS, David Mr	
STREET ADDRESS	1701 PARK CIRCLE		STREET ADDRESS	1011 E Clifton	
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP	Tampa FL 33604	
TITLE	TR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSS, BRANDON		NAME		
STREET ADDRESS	5912 N. CENTRAL AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP		
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: 			Date: 3-7-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

50004244



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