2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N49616

Entity Name: HYDE PARK UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

500 W PLATT ST
TAMPA, FL

New Principal Place of Business:

Current Mailing Address:

500 W PLATT ST
TAMPA, FL

New Mailing Address:

FEI Number: 59-0714823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARDNER, STEPHEN J
101 S. FRANKLIN, SUITE 101
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BRICKLEMEYER, CAROLYN
Address: 500 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: HENSLEY, TRUDY
Address: 500 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: KEMPTON, TED
Address: 500 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: HESS, JIM
Address: 500 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: COVINGTON, JOYCE
Address: 500 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete
Name: SMITH, RICK
Address: 500 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: FERMAN, JIM
Address: 500 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change ( ) Addition
Name: LIGHTY, JUSTIN
Address: 500 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change ( ) Addition
Name: TOTTEN, CINDY
Address: 500 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRUDY HENSLEY T 03/23/2009

Electronic Signature of Signing Officer or Director — Date