

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90065 036 ****61.25

DOCUMENT # N93000005717

1. Entity Name

THE PORT TAMPA UNITED METHODIST CHURCH, INC.

Principal Place of Business

6914 S. DESOTO STREET
 TAMPA FL

Mailing Address

6914 S. DESOTO STREET
 TAMPA FL

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

59-2916667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERRY, KAREN
6206 S HAROLD AVE
TAMPA FL 33616

7. Name and Address of New Registered Agent

Name **CARLSON, RITA D.**
 Street Address (P.O. Box Number is Not Acceptable)
5013 MCCOY STREET
 City **TAMPA** FL Zip Code **33616**

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.

SIGNATURE *Rita D. Carlson*

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

(NOTE: Registered Agent signature required when reinstating)

3/10/00
 DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANDERLAAN, DAVID	
STREET ADDRESS	10202 N EDISON AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PERRY, KAREN	
STREET ADDRESS	6206 S HAROLD AVE.	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	VANDERLAAN, DONNA	
STREET ADDRESS	10202 N EDISON AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, CHUCK	
STREET ADDRESS	4118 ESTRELLA	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOWERY, LEA	
STREET ADDRESS	4108 TACON STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARD, MARTHA A.	
STREET ADDRESS	5602 SHERIDAN	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHAIR/MANAGING DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, CHARLES S.	
STREET ADDRESS	4118 ESTRELLA ST.	
CITY-ST-ZIP	TAMPA, FL	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, RITA D.	
STREET ADDRESS	5013 MCCOY STREET	
CITY-ST-ZIP	TAMPA, FL 33616	
TITLE	VICE CHAIR/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, RUSS	
STREET ADDRESS	4404 LACKLAND PLACE	
CITY-ST-ZIP	TAMPA, FL 33616	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNUT, ALBERT	
STREET ADDRESS	4014 OKLAHOMA AVE.	
CITY-ST-ZIP	TAMPA, FL 33616	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Charles S. Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

(813) 835-9517

Daytime Phone #

CR2E037 (9/99)