


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005717 1. Entity Name THE PORT TAMPA UNITED METHODIST CHURCH, INC.	
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Principal Place of Business 6914 S. DESOTO STREET TAMPA FL 33616	Mailing Address 6914 S. DESOTO STREET TAMPA FL 33616
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2916667
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
	Country	

6. Name and Address of Current Registered Agent

**MAY, MARY JANE
4404 LACKLAND PLACE
TAMPA FL 33616**

7. Name and Address of New Registered Agent

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: Mary Jane May Mary Jane May Treasurer 2-25-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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		<input type="checkbox"/> Delete
TITLE	CMD CAMPBELL, CHARLES S	<input type="checkbox"/>
STREET ADDRESS	4118 ESTRELLA ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/>
NAME	MAY, MARY JANE	
STREET ADDRESS	4404 LACKLAND PLACE	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	VCD	<input type="checkbox"/>
NAME	MAY, RUSS	
STREET ADDRESS	4404 LACKLAND PLACE	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	TRC	<input type="checkbox"/>
NAME	MCKENZIE, EVELYN	
STREET ADDRESS	4409 HARBOR VIEW	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000249962	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	03/03/05-80026-002 61.25		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(f), 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: Mary Jane May Mary Jane May 2-25-05 (813) 837-3825
Signature and typed or printed name of signing officer or director Date Daytime Phone #