


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000005717

1. Entity Name
THE PORT TAMPA UNITED METHODIST CHURCH, INC.



Principal Place of Business
**6914 S. DESOTO STREET
TAMPA, FL 33616**

Mailing Address
**6914 S. DESOTO STREET
TAMPA, FL 33616**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

FILED

08 JUL -8 AM 11:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 07-08

4. FET Number
59-2916667

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DUKE, CAROLYN J 3405 TYSON AVE TAMPA, FL 33611				Name Evelyn M'Kenzie					
				Street Address (P.O./Box Number is Not Acceptable) 4407 HarborView Ave					
				City TAMPA		State FL		Zip Code 33611	

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 *Evelyn M'Kenzie* (NOTE: Registered Agent signature required when reinstating) DATE July 7, 2008

FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TRC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENZIE, EVELYN			NAME	400132503334		
STREET ADDRESS	4409 HARBOR VIEW			STREET ADDRESS	07/08/08--01036--002 **122.50		
CITY-ST-ZIP	TAMPA, FL 33611			CITY-ST-ZIP			
TITLE	CMD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUKE, CAROLYN J			NAME			
STREET ADDRESS	3405 TYSON AVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33611			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENZIE, MICHAEL			NAME			
STREET ADDRESS	4312 S. ANITA BLVD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33611			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Michael W. McKenzie* **7-7-08** **813-294-1914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #