2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90063 022 ****69.00

DOCUMENT # 703340

1. Entity Name

WESLEY MEMORIAL UNITED METHODIST CHURCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
6100 MEMORIAL HIGHWAY TAMPA FL 33615	6100 MEMORIAL HIGHWAY TAMPA FL 33615

MOORE CR2E037 (11/03)

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 59-1306132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMALL, HERMAN JR
6100 MEMORIAL HWY
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name Kelly Smith
Street Address (P.O. Box Number is Not Acceptable) 6100 Memorial Hwy.
City TAMPA FL Zip Code 33615

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 Kelly W. Smith
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MULRINE, NORMA 8325 BAY POINTE DRIVE #1203 TAMPA FL	☒ Delete	Secretary VICKEY PA6610 6100 Memorial Hwy. TAMPA, FL 33615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, CHARLES T 6100 MEMORIAL HWY TAMPA FL 33615	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOYNER, CARLES 6100 MEMORIAL HWY TAMPA FL 33615	☒ Delete	Treasurer Paul Mobley 6100 Memorial Hwy. TAMPA, FL 33615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOYNER, CHARLES 6100 MEMORIAL HWY TAMPA FL 33615	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Kelly W. Smith 2/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #