

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 703340

FILED
Oct 06, 2009
Secretary of State

Entity Name: WESLEY MEMORIAL UNITED METHODIST CHURCH OF TAMPA, INC.

Current Principal Place of Business:

6100 MEMORIAL HIGHWAY
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6100 MEMORIAL HIGHWAY
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-1306132 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EDWARDS, H. CLARK
6100 MEMORIAL HWY
TAMPA, FL 33615 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: HILLIARD CLARK EDWARDS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: PAGGIO, VICKY L
Address: 6100 MEMORIAL HWY.
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: OVERSTREET, MARCIA
Address: 6100 MEMORIAL HWY
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: MOBLEY, PAUL
Address: 6100 MEMORIAL HWY
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: RICHARDSON, MELISSA
Address: 6100 MEMORIAL HWY.
City-St-Zip: TAMPA, FL 33615

Title: VP (X) Change () Addition
Name: SMITH, ED
Address: 6100 MEMORIAL HWY
City-St-Zip: TAMPA, FL 33615

Title: T (X) Change () Addition
Name: TERRY, NETWON
Address: 6100 MEMORIAL HWY
City-St-Zip: TAMPA, FL 33615

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: NEWTON TERRY

T

10/06/2009

Electronic Signature of Signing Officer or Director

Date