


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90065 019 ****61.25

DOCUMENT # 712351	
1. Entity Name BOARD OF TRUSTEES OF THE THONOTOSASSA METHODIST CHURCH INCORPORATED	

Principal Place of Business 11905 FORT KING HWY THONOTOSASSA, FL 33592 US	Mailing Address P.O. BOX 406 THONOTOSASSA, FL 33592-0406
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2350799

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	
ROEBUCK, DENNIS R 10913 MISTLETOE DRIVE THONOTOSASSA, FL 33592	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 *Dennis R. Roebuck* **Dennis R. Roebuck** 4/18/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANCOUR, SANDRA 11928 GROVEWOOD AVE THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BOX, GARDNER 5110 FIVE ACRE ROAD PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FETTEROLF, ARLENE 11930 HAZEN AVE THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LANCOUR, EDWARD 11928 GROVEWOOD AVE THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR EVANS, BUD 1203 OAK VALLEY DR SEFFNER, FL 33584 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LUCAS, ROGER 11739 LISA HALASZ LN THONOTOSASSA, FL 33592 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Joseph Gaiser 11734 Susan Halasz Lane Thonotosassa, FL 33592 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Dorothy Williams 6225 N. Dale Mabry #1111 Tampa, FL 33614 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Susy Krepfle 10336 Skewlee Road Thonotosassa, FL 33592 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <i>Bud Evans</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>> SAME ADDRESS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.