

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714991

FILED
Mar 11, 2005
Secretary of State

Entity Name: UNITED METHODIST RETIREMENT CENTER OF TAMPA, INC.

Current Principal Place of Business:

400 E. HARRISON ST
TAMPA, FL 336023444 US

New Principal Place of Business:

Current Mailing Address:

400 E. HARRISON ST
TAMPA, FL 336023444 US

New Mailing Address:

FEI Number: 59-1229023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDONEY, JAMES A
400 E. HARRISON ST
TAMPA, FL 336023444 US

Name and Address of New Registered Agent:

CORP DIRECT AGENTS INC
PO BOX 38413
TALLAHASSEE, FL 32315 US

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: KAREN PARKER

03/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABDONEY, JAMES A
Address: 4710 TAMBAY
City-St-Zip: TAMPA, FL 33611 US

Title: D () Delete
Name: SHAW, JOAN
Address: 400 E. HARRISON ST
City-St-Zip: TAMPA, FL 336023444 US

Title: D () Delete
Name: BERRY, DAVID
Address: 7109 DUCAN AVE
City-St-Zip: TAMPA, FL 33604 US

Title: D () Delete
Name: FERLITA, THERESA
Address: 400 E HARRISON ST
City-St-Zip: TAMPA, FL 336023444 US

Title: D () Delete
Name: WILLIAMS, JOYCE
Address: 1000 S HARBOUR ISLAND BLVD # 2510
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: CHATFIELD, JUDITH M
Address: 400 E. HARRISON ST.
City-St-Zip: TAMPA, FL 336023444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROCK, RUTH
Address: 2329 MERRILY CIRCLE
City-St-Zip: SEFFNER, FL 33584 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCLAUGHLIN, ROBIN
Address: 3416 SAN JUAN ST W.
City-St-Zip: TAMPA, FL 336297902 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR JAMES ABDONEY

PRES

03/11/2005

Electronic Signature of Signing Officer or Director

Date