

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714991

FILED  
Mar 25, 2010  
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 (X)**

**Name and Address of Current Registered Agent:**

WARE, JIM  
4100 W KENNEDY BLVD #130  
TAMPA, FL 33609 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WARE, JIM  
Address: 4100 W. KENNEDY BLVD #130  
City-St-Zip: TAMPA, FL 33609 US

Title: D  
Name: BROCK, RUTH  
Address: 2329 MERRILY CIRCLE  
City-St-Zip: SEFFNER, FL 33584 US

Title: VP  
Name: BEERY, DAVID  
Address: 7109 DUCAN AVE  
City-St-Zip: TAMPA, FL 33604 US

Title: D  
Name: PELAEZ, ROBERT  
Address: 4009 NORTH RIVER VIEW AVE  
City-St-Zip: TAMPA, FL 336071052

Title: D  
Name: SHEPPARD, DORIS  
Address: 400 E. HARRISON STREET  
City-St-Zip: TAMPA, FL 33602 US

Title: D  
Name: IBARRA, REINA  
Address: 215 W GRAND CENTRAL AVE  
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: JIM WARE

P

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date