FILED Jan 14, 2005 8:00 am Secretary of State

2005	NU	1-FUK	-PKU	, ווזע	CORP	'UKA I	IUN
		ANN	UAL	REP	ORT		

DOCUMENT # 715589 1. Entity Name FOREST HILLS UNITED METHODIST CHURCH OF TAMPA, FLORIDA, INC.								01-14-2005	5 90008 0	32 ****6	1.25
			g Address W. LINEBAUGH AVI PA, FL 32612	LINEBAUGH AVE.							
2. Principal P	lace of Busin	ness	3. Mai	ling Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01052005	Chg-NP	CR2E03	7 (10/03)		
City & State		Cil	City & State			4. FEI Numbe 59-603				oplied For of Applicable	
Zip	•	Country	Ziş		Cot	untry		of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curi	rent Registere	ed Agent		Name	7. Name and	Address of New	Registered A	\gent	
PERRIN, 0 2308 CAPI TAMPA, FI	E BEND A	VE.					ress (P.O. Box Number	er is Not Acceptab	le)		
ı						City			FL	Zip Cod	е
	named entitions of regist	y submits this stateme tered agent.	nt for the purp	ose of changing its	register	ed office or reg	gistered agent, or bo	th, in the State of F	lorida. I am i	amiliar with,	and accept
SIGNATURE .											
	Signature, typed	or printed name of registered a	agent and title if app	olicable. (NOTE	: Registere	ed Agent signature re	equired when reinstating)		DATE		
	Filing Fe	ee is \$61.25 Aay 1, 2005	agent and title if app	9. Election Carr Trust Fund C	paign F	Financing	\$5.00 May B	~ į	DATE Make check rida Depar		
10.	Filing Fe Due by N	e is \$61.25	`	9. Election Can Trust Fund C	paign F	Financing tion.	\$5.00 May E Added to Fees	~ į	Make check rida Depar	iment of S	tate
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR