2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

DOCUMENT #716736 1. Entity Name SEMINOLE HEIGHTS UNITED METHODIST CHURCH, INC.)48 031 ****61	
Principal Plac 6111 CENTR TAMPA, FL		Mailing Address 6111 CENTRAL AVENUE TAMPA, FL 33604-6709	9 US			P1916 # 1888 G L4918 G # 11 G # 18	5000424	-
2. Principal Place of Business 3. N		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006 _C	hg-NP (CR2E037 (11/05)	
City & State		City & State			4. FEI Number 59-065733	32		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regi	stered Agent	
			Name					
C/O SEMI	, LANCE L MR. NOLE HGHTS UNITED METH TRAL AVENUE	ODIST CHURCH	Street	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33604							
			City				FL Zip Cod	le
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office	or register	ed agent, or both, in	the State of Florid	a. I am familiar with,	and accept
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sign	sture required	when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008								
	_	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	L	e check payable to Department of S	
10.	_	Trust Fund Co			Added to Fees	Fiorida		tate
TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DI TR FISHER, CHARLES MR. 13926 CHERRY CREEK DR	Trust Fund Co	11. IITLE NAME STREET ADDRESS	17R Sode 310	Added to Fees ADDITIONS/CHANG The rg	Florida ES TO OFFICERS Catherine Liter	AND DIRECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND DI TR FISHER, CHARLES MR. 13926 CHERRY CREEK DR TAMPA, FL 33618	Trust Fund Co	11. IITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Sode 310 Tan	Added to Fees ADDITIONS/CHANG The right of	Florida ES TO OFFICERS Catherine ter 33604	AND DIRECTORS IN Change	tate I 10 Addition
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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 trystee 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.

Date

Daytime Phone #

MINTED LAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🔑