




**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90086 041 \*\*\*\*61.25

<b>DOCUMENT # 716736</b>					
1. Entity Name SEMINOLE HEIGHTS UNITED METHODIST CHURCH, INC.					
Principal Place of Business 6111 CENTRAL AVENUE TAMPA, FL 33604-6709 US			Mailing Address 6111 CENTRAL AVENUE TAMPA, FL 33604-6709 US		
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	4. FEI Number 59-0657332	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOWMAN, LANCE L MR. C/O SEMINOLE HGHTS UNITED METHODIST CHURCH 6111 CENTRAL AVENUE TAMPA, FL 33604				Name Culberson, Tom Mr Street Address (P.O. Box Number is Not Acceptable) c/o Seminole Heights United Meth. Church 6111 Central Ave City Tampa FL Zip Code 33604-6709	
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 				DATE 3/11/07	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, CHARLES MR.		NAME	Culberson, Tom Mr	
STREET ADDRESS	13928 CHERRY CREEK DR		STREET ADDRESS	807 Mondco Dr	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa, FL 33613	
TITLE	TR	<input type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUBER, RICHARD		NAME	Ferguson, Dorothy Ms	
STREET ADDRESS	10202 CLIFF CIRCLE		STREET ADDRESS	4808 98 Ave	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	Tampa FL 33617	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWMAN, LANCE MR.		NAME	Soderberg, Katherine Mrs	
STREET ADDRESS	1408 POINT COURT		STREET ADDRESS	310 E. Cluster	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	Tampa, FL 33604	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHADWICK, DIANE		NAME	Vest, David Mr	
STREET ADDRESS	1209 E. POWHATAN		STREET ADDRESS	3413 N 11 St	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	Tampa FL 33605	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, DAVID		NAME	Brown, Kenton Mr	
STREET ADDRESS	1011 E. CLIFFTON		STREET ADDRESS	306 W. North Bay St	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	Tampa FL 33603	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOSS, BRANDON		NAME	Moore, Thomas Mr	
STREET ADDRESS	5912 N. CENTRAL AVE		STREET ADDRESS	4706 N 10 St	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	Tampa FL 33610	
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: 				DATE: 3/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 813-310-1535	



ATTACHMENT

60024784

#716736

SEMINOLE HEIGHTS UNITED METHODIST CHURCH

BLOCK 11 ATTACHMENT

TR

Patrick, Marie Mrs.  
8407 N. Willow Ave  
Tampa, FL 33604