
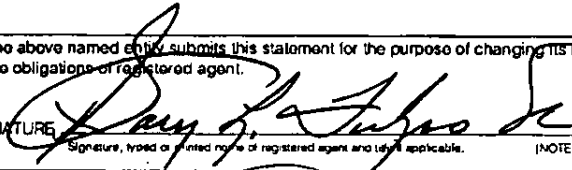
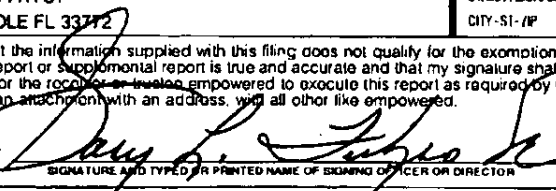


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-23-2007 90034 008 ****61.25

DOCUMENT # 716855					
1. Entity Name SEMINOLE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 5400 SEMINOLE BLVD SEMINOLE FL 33772		Mailing Address 5400 SEMINOLE BLVD SEMINOLE FL 33772			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0760227	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURG, ROBERT 9009 BAYWOOD PARK DR SEMINOLE FL 33776			7. Name and Address of New Registered Agent Name GARY TUHRO Street Address (P.O. Box Number is Not Acceptable) 10286 110th Way N City LARGO FL Zip Code 33778		
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: _____					
FILE NOW: 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	TC	<input type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUHRO, GARY	Chain of Trustee	NAME	CARL MC COY	
STREET ADDRESS	10286 110TH WAY N		STREET ADDRESS	10570 54th Ave N	
CITY-SI-ZIP	LARGO FL 33778		CITY-SI-ZIP	St. Petersburg, FL 33708	
TITLE	Trustee	<input type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, VINT	vice chair person	NAME	JACK GREENZBACH	
STREET ADDRESS	14950 GULF BLVD		STREET ADDRESS	10534 VALENCIA Rd.	
CITY-SI-ZIP	MADEIRA BEACH FL 33708		CITY-SI-ZIP	SEMINOLE FL 33772	
TITLE	Trustee	<input type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERSON, PAT		NAME	LAUREN HAINES	
STREET ADDRESS	9710 54TH AVE N.		STREET ADDRESS	10600 LAKE VISTA Dr.	
CITY-SI-ZIP	SEMINOLE FL 33776		CITY-SI-ZIP	SEMINOLE, FL 33772	
TITLE	Trustee	<input type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRICKLAND, LEE		NAME	SHARLENE VAN HORN	
STREET ADDRESS	11256 KAPOK GRAND CIRCLE		STREET ADDRESS	6249 Hillside Ave.	
CITY-SI-ZIP	MEDEIRA BEACH FL 33708		CITY-SI-ZIP	SEMINOLE, FL 33772	
TITLE	Trustee	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNISON, MARIE		NAME		
STREET ADDRESS	9448 121ST ST. N.		STREET ADDRESS		
CITY-SI-ZIP	SEMINOLE FL 33772		CITY-SI-ZIP		
TITLE	Trustee	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, ALLEN		NAME		
STREET ADDRESS	9257 111TH ST		STREET ADDRESS		
CITY-SI-ZIP	SEMINOLE FL 33772		CITY-SI-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recipient 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: _____ DAYTIME PHONE: _____					

WHAT IS THIS?