

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 719517		
1. Entity Name THE DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF THE TAMPA DISTRICT OF THE UNITED METHODIS		
Principal Place of Business 5030 E. BUSCH BLVD. P.O. BOX 290655 TAMPA, FL 33687-7655	Mailing Address 5030 E. BUSCH BLVD. P.O. BOX 290655 TAMPA, FL 33687-7655	



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1683444	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, J. ED 19252 BLOUNT ROAD LUTZ, FL 33558

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINTZMAN, MORRIS 2002 N FLORIDA AVENUE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, J ED 19252 BLOUNT ROAD LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRIN, CAROL 904 W. LINEBAUGH AVENUE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROW, A. KENTON JR 6211 LAND O LAKES BLVD LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000305219
04/14/05-80074-009 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. Ed Smith* **Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Ed Smith

4/14/05 **813-949-1180**
Date Device Phone