

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90003 023 ****61.25

DOCUMENT # 721795

1. Entity Name
**BOARD OF TRUSTEES, FIRST UNITED METHODIST
CHURCH, TAMPA, FLORIDA, INC.**



Principal Place of Business
**1001 NORTH FLORIDA AVE.
TAMPA, FL 33602**

Mailing Address
**1001 NORTH FLORIDA AVE.
TAMPA, FL 33602**

54073229



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-0718490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SARNER, BARBARA
1001 N FLORIDA AVE
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

R. J. Meguiar

Street Address (P.O. Box Number is Not Acceptable)

1001 North Florida Avenue

City

Tampa

FL

Zip Code

33602

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.

Administrative Assistant

7/30/2004

DATE

(NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TRUS** ☒ Delete
NAME **WARREN, HARRELL**
STREET ADDRESS **7006 SHENANDOAH CT**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **COT** ☐ Delete
NAME **WARE, EARL**
STREET ADDRESS **1600 S MAC DILL 201**
CITY-ST-ZIP **TAMPA, FL 33269**

TITLE **T** ☐ Delete
NAME **EVANS, JACK**
STREET ADDRESS **2401 ARDSON PL #203**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **T** ☐ Delete
NAME **NEUFFER, CLIFF**
STREET ADDRESS **3609 N TAMPA ST**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **D** ☐ Delete
NAME **SESSUMS, TERRELL**
STREET ADDRESS **5020 BAYSHORE BLVD #204**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **M** ☒ Delete
NAME **ICAZA-WILLETTS, LIA**
STREET ADDRESS **1001 N FLORIDA AVE**
CITY-ST-ZIP **TAMPA, FL 33602**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **Karen S. Morin**
STREET ADDRESS **2307 South Hale**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **T** ☐ Change ☒ Addition
NAME **Dale Roberts, Jr.**
STREET ADDRESS **6154 Delaware Avenue**
CITY-ST-ZIP **New Port Richey, FL 33463**

TITLE **T** ☐ Change ☒ Addition
NAME **David Beery**
STREET ADDRESS **7109 Duncan Avenue**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE **T** ☐ Change ☒ Addition
NAME **Jerome M. Meguiar**
STREET ADDRESS **145 W. Davis Blvd.**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Earl H. Ware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/2004

Date

(813) 229-6511

Daytime Phone #