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.									0	9-20-2	2004 90	0003 023 *	***61.25
1001 NORTH FLORIDA AVE.			Mailing Address 1001 NORTH FLORIDA AVE. TAMPA, FL 33602								5	107322	29
2. Principal Place of Business		3. Mail	3. Mailing Address										
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				06302004 Chg-NP CR				CR2E	(10/03)	
City & State		Cit	City & State .			4. FEI N 59-0	umber 07184	190				pplied For lot Applicable	
Zìp	Country	Zip		Cou	intry		5. Certif	icate of	Status I	Desired		\$8.75 Ac Fee Requir	
	6Name and Address of Currer	nt Registere	d.Agent				_7Name	and A	ddress	of New F	Registere	d Agent	· ·
SARNER.	BARBARA			:	Name	R. 3	J. M∈	egui	ar				
SARNER, BARBARA 1001 N FLORIDA AVE TAMPA, FL 33602					Street A	eet Address (P.O. Box Number is Not Acceptable) 1001 North Florida Avenue							
					City						F	Zip Co	
8 The above	named entity sylonits this statement	for the purp	ose of changing its r	enistere	ed office o	Tamp	Da.	or both	in the S	tate of Fl	_	1 33	602
8. The above named entity settinits 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 egent. SIGNATURE Administrative Assistant: 7/30/2004 Shouture, typed or publied name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE													
	Sittingture, typed or printed name of registered albe												
		ant and the it app	NOTE:	Hegistere	o Ageni signat	ure required	when reinstaur	W).			DAII	-	
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r nereby 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.

Earl H. Ware SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR