

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721795

FILED  
Mar 01, 2005  
Secretary of State

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

**Current Principal Place of Business:**

1001 NORTH FLORIDA AVE.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

1001 NORTH FLORIDA AVE.  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-0718490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEQUIAR, R. J.  
1001 NORTH FLORIDA AVENUE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

PESANO, PHALA  
1001 NORTH FLORIDA AVENUE  
TAMPA, FL 33602 US

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.

SIGNATURE: PHALA PESANO

03/01/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MORIN, KAREN S  
Address: 2307 SOUTH HALE  
City-St-Zip: TAMPA, FL 33629

Title: COT ( ) Delete  
Name: WARE, EARL  
Address: 1600 S MAC DILL 201  
City-St-Zip: TAMPA, FL 33269

Title: T ( ) Delete  
Name: EVANS, JACK  
Address: 2401 ARDSON PL #203  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete  
Name: NEUFFER, CLIFF  
Address: 3609 N TAMPA ST  
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete  
Name: SESSUMS, TERRELL  
Address: 5020 BAYSHORE BLVD #204  
City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete  
Name: ROBERTS, JR., DALE  
Address: 6154 DELAWARE AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHALA PESANO

ADMI

03/01/2005

Electronic Signature of Signing Officer or Director

Date