


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90014 026 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PESANO, PHALA 1001 NORTH FLORIDA AVENUE TAMPA, FL 33602				Name ADDONEY, MARJORIE 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 <u><i>Marjorie Addoney</i></u> DATE <u>2-23-06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORIN, KAREN S		NAME		
STREET ADDRESS	2307 SOUTH HALE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	COT	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARE, EARL		NAME	COT DYBLE, DONALD	
STREET ADDRESS	1600 S MAC DILL 201		STREET ADDRESS	8023 LYNN AVENUE	
CITY-ST-ZIP	TAMPA, FL 33269		CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, JACK		NAME	CULP, JAMES	
STREET ADDRESS	2401 ARDSON PL #203		STREET ADDRESS	4519 WATROUS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEUFFER, CLIFF		NAME	DOWELL, JOHN	
STREET ADDRESS	3609 N TAMPA ST		STREET ADDRESS	4501 TWIN CREST WAY	
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESSUMS, TERRELL		NAME		
STREET ADDRESS	5020 BAYSHORE BLVD #204		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, JR., DALE		NAME	ROBERTS, SR., DALE	
STREET ADDRESS	6154 DELAWARE AVENUE		STREET ADDRESS	5065 BEARDS AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 33463		CITY-ST-ZIP	TAMPA, FL 33618	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <u><i>Dale C. Roberts</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-23-06 <small>Date Daytime Phone #</small>		

50000425



02232006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0718490

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Filing Fee is \$61.25
Due by May 1, 2006

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	T	<input type="checkbox"/> Delete
NAME	MORIN, KAREN S	
STREET ADDRESS	2307 SOUTH HALE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	COT	<input checked="" type="checkbox"/> Delete
NAME	WARE, EARL	
STREET ADDRESS	1600 S MAC DILL 201	
CITY-ST-ZIP	TAMPA, FL 33269	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EVANS, JACK	
STREET ADDRESS	2401 ARDSON PL #203	
CITY-ST-ZIP	TAMPA, FL 33629	
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NAME	ROBERTS, JR., DALE	
STREET ADDRESS	6154 DELAWARE AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYBLE, DONALD	
STREET ADDRESS	8023 LYNN AVENUE	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULP, JAMES	
STREET ADDRESS	4519 WATROUS AVENUE	
CITY-ST-ZIP	TAMPA, FL 33629	
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STREET ADDRESS	4501 TWIN CREST WAY	
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SIGNATURE:

Dale C. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #