

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90021 018 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0718490 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02092007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent ABDONEY, MARJORIE 1001 NORTH FLORIDA AVENUE TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 B. Abdoney</i></u> <u><i>2-20-07</i></u> DATE <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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	T MORIN, KAREN S 2307 SOUTH HALE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Member at large Pelaez, Robert Tampa, FL Member Collins, Mary 400 Harrison, Apt. 1105 Tampa, FL Member Runnells, Randy 5137 17 th Ave. S Gulfport, FL 33707-4377 Member Hancock, Dion 14223 Shadow Moss Lane, Apt. 202 Tampa, FL 33613 Member Dowell, Betsy 4501 Twin Crest Way Tampa, FL 33624 Member at large Neuffer, Cliff Tampa, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COI MEMBER DYBLE, DONALD 8023 LYNN AVE TAMPA, FL 33604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dowell, Betsy 4501 Twin Crest Way Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CULP, JAMES 4519 WATROUS AVE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dowell, Betsy 4501 Twin Crest Way Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOWELL, JOHN 4501 TWIN CREST WAY TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dowell, Betsy 4501 Twin Crest Way Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SESSUMS, TERRELL 5020 BAYSHORE BLVD #204 TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dowell, Betsy 4501 Twin Crest Way Tampa, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN ROBERTS, DALE SR 2065 BEARSS AVE TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at large Neuffer, Cliff Tampa, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 G. Roberts, Chair Trustees</i></u> <u><i>02/20/07</i></u> DATE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					