## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT #721795** 

CHURCH, TAMPA, FLORIDA, INC.

BOARD OF TRUSTEES, FIRST UNITED METHODIST

1. Entity Name

## FILED Jan 29, 2008 8:00 am **Secretary of State**

01-29-2008 90018 034 \*\*\*\*61.25

	600 Ft 180	
Mailing Address 1001 NORTH FLORIDA AVE.		40012591
	<u> </u>	Mailing Address 1001 NORTH FLORIDA AVE.

TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102008 Chg-NP

Zip Code

FL

CR2E037 (12/06) City & State 4. FEI Number 59-0718490 City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABDONEY, MARJORIE 1001 NORTH FLORIDA AVENUE Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE **X** Delete Rita Lowe 2403 S. Ardson Pl #602 MORIN, KAREN S NAME 2307 SOUTH HALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL: 33629 CITY-ST-ZIP ampa FL 33629 COT TITLE TITLE Delete ☐ Change X Addition Rosalind Blake DYBLE, DONALD NAME NAME 2819 Central Ave STREET ADDRESS 8023 LYNN AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP Tampa FL 33601 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CULP, JAMES NAME NAME 4519 WATROUS AVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33629 CHY-SI-7P ☐ Delete TITLE ☐ Change ■ Addition DOWELL, JOHN NAME NAME STREET ADDRESS 4501 TWIN CREST WAY STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33624** CITY-ST-ZIP 12401 225TN CS08 Tampa FL 33612 TITLE ☐ Delete TITLE SESSUMS, TERRELL NAME NAME STREET ADDRESS 5020 BAYSHORE BUVD #204 STREET ADDRESS TAMPA, FL 33614 CITY-ST-ZIP CITY-ST-7IP ☐ Delete COT TITLE Change ☐ Addition ROBERTS, DALE SR NAME NAME - 2055 Bears Ave 2065 REARSS AVE STREET ADDRESS STREET ADDRESS

Tampa FL 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 of 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 will an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

**TAMPA, FL 33618** 

CITY-ST-ZIP