

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 22, 2008
Secretary of State

DOCUMENT# 721795

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:**ABDONEY, MARJORIE
1001 NORTH FLORIDA AVENUE
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**LINETTE, DAVILA
1001 N FLORIDA AVE
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: LINETTE DAVILA

05/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** T () Delete
Name: LOWE, RITA
Address: 2403 S ARDSON PL 602
City-St-Zip: TAMPA, FL 33629**Title:** COT () Delete
Name: BLAKE, ROSALIND
Address: 2819 CENTRAL AVE
City-St-Zip: TAMPA, FL 33602**Title:** T () Delete
Name: CULP, JAMES
Address: 4519 WATROUS AVE
City-St-Zip: TAMPA, FL 33629**Title:** T () Delete
Name: DOWELL, JOHN
Address: 4501 TWIN CREST WAY
City-St-Zip: TAMPA, FL 33624**Title:** D (X) Delete
Name: SESSUMS, TERRELL
Address: 12401 22 ST N C508
City-St-Zip: TAMPA, FL 33612**Title:** COT (X) Delete
Name: ROBERTS, DALE SR
Address: 2055 BEARS AVE
City-St-Zip: TAMPA, FL 33618**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: ROBERTS, DALE SR
Address: 2055 BEARS AVE
City-St-Zip: TAMPA, FL 33629**Title:** VP (X) Change () Addition
Name: LOWE, RITA
Address: 2403 ARDSON PL #602B
City-St-Zip: TAMPA, FL 33618**Title:** S (X) Change () Addition
Name: CULP, JAMES
Address: 4519 WATROUS AVE
City-St-Zip: TAMPA, FL 33629**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 exemption stated 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 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: DALE ROBERTS SR

P

05/22/2008

Electronic Signature of Signing Officer or Director

Date