

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721795

FILED
Jan 08, 2009
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:

LINETTE, DAVILA
1001 N FLORIDA AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, DALE SR
Address: 2055 BEARS AVE
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: LOWE, RITA
Address: 2403 ARDSON PL #602B
City-St-Zip: TAMPA, FL 33618

Title: S () 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

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:

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: JOHN DOWELL

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date