

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90320 021 ****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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0718490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SARNER, BARBARA
1001 N FLORIDA AVE
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

Barbara A. Sarnar

1-6-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **TC** ☐ Delete
NAME **WARREN, HARRELL**
STREET ADDRESS **7006 SHENANDOAH CT**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **T** ☒ Delete
NAME **LOWE, RITA**
STREET ADDRESS **2403 SO. ARDSON PL #602B**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **T** ☒ Delete
NAME **DOWELL, JOHN**
STREET ADDRESS **4501 TWIN CREST WAY**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **P** ☒ Delete
NAME **ROBERTS, DALE SR**
STREET ADDRESS **2055 BEARSS AVE W**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete
NAME **SESSUMS, TERRELL**
STREET ADDRESS **5020 BAYSHORE BLVD #204**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **M** ☐ Delete
NAME **ICAZA-WILLETTS, LIA**
STREET ADDRESS **1001 N FLORIDA AVE**
CITY-ST-ZIP **TAMPA FL 33602**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TRUSTEE** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CHAIRMAN OF TRUSTEES** ☐ Change ☒ Addition
NAME **WARE, EARL**
STREET ADDRESS **1600 S. MAC DILL 201**
CITY-ST-ZIP **TAMPA, FL. 33269-5253**

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **JACK EVANS**
STREET ADDRESS **2401 ARDSON PL. 203**
CITY-ST-ZIP **TAMPA, FL. 33629-7331**

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **CLIFF NEUFFER**
STREET ADDRESS **3609 N. TAMPA ST**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **DALE ROBERTS JR.**
STREET ADDRESS **6154 DELAWARE AVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL. 33463**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara A. Sarnar

Date

Daytime Phone #

813-

229-6511

CR2E037 (10/02)