

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90151 009 \*\*\*\*61.25

<b>DOCUMENT # 726942</b> 1. Entity Name <b>HILLSBOROUGH UNITED METHODIST CHURCH, INC.</b>					
Principal Place of Business <b>9008 HARNEY ROAD TAMPA, FL 33637</b>			Mailing Address <b>9008 HARNEY ROAD TAMPA, FL 33637</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1938610</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MITCHELL, THOMAS M 606 THISTLE DR SEFFNER, FL 33584</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>2/20/05</b> <small>(NOTE: Registered Agent signature required when retransferring)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EPPELRY, DARRYL</b> <b>11725 LISA HALASZ LANE</b> <b>THONOTOSASSA, FL 33592</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BODDEN, HALON</b> <b>610 SPORTSMAN PARK DRIVE</b> <b>SEFFNER, FL 33584</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MACY, PAM</b> <b>8709 CHRISTI COURT</b> <b>TAMPA, FL 33637</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>DEAN, SHEILA</b> <b>3449 LITTLE RD.</b> <b>VALRICO, FL 33594</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROLAND, NEWMAN</b> <b>10313 ELBERTON AVE</b> <b>THONOTOSASSA, FL 33592</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAUGH, ROBERT</b> <b>320 BRANDY WINE DR</b> <b>VALRICO, FL 33594</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN McDARBY</b> <b>10413 Elberton Ave.</b> <b>Thonotosassa, FL 33592</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBIN CURTIS</b> <b>5303 98th Ave.</b> <b>Tampa, FL 33617</b>	<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 exemption stated in Section 19.07(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 information.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Halon Woodrow Bodden</b>					
Date <b>February 16, 2005</b> Daytime Phone # <b>813/ 989-3077</b>					