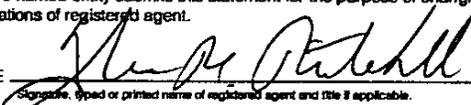


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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