

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90029 021 ****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**

40053355



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1938610

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	D	<input type="checkbox"/> Delete
NAME	JOYCE, ROBERT M	
STREET ADDRESS	203 US HIGHWAY 92TH EAST	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, PEGGY	
STREET ADDRESS	12404 PALM TREE DRIVE	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MACY, PAM	
STREET ADDRESS	8709 CHRISTI COURT	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, ROBERT	
STREET ADDRESS	11543 LAMPLIGHTER	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MC DARBY, JOHN	
STREET ADDRESS	10413 EYBERTON AVE	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURTIS, ROBIN	
STREET ADDRESS	5303-98TH AVE	
CITY-ST-ZIP	TAMPA, FL 33617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARROW, MARY A	
STREET ADDRESS	JOY CAULDER RD	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVATI, DONALD	
STREET ADDRESS	9927 JOE EBERT ROAD	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT WILSON	
STREET ADDRESS	P.O. Box 888	
CITY-ST-ZIP	THONOTOSASSA, FL 33592	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID DEAN	
STREET ADDRESS	3449 LITTLE ROAD	
CITY-ST-ZIP	VALRICO, FL 33594	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2008 (813) 988-3077

Date

Daytime Phone #