

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90057 021 ****61.25

DOCUMENT # 730483
 1. Entity Name
BAYSHORE UNITED METHODIST CHURCH OF TAMPA, INC.



Principal Place of Business
**3909 SOUTH MAC DILL AVE.
 TAMPA, FL 33611**

Mailing Address
**3909 SOUTH MAC DILL AVE.
 TAMPA, FL 33611**

44013430



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02182004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1374735

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WRIGHT, ALAN
 3909 S. MACDILL AVE.
 TAMPA, FL 33611**

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: *Alan Wright* **ALAN WRIGHT** DATE: **2-18-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTWEILER, RICHARD 4413 W. OKLAHOMA AVE. TAMPA, FL 33616	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			ORTWEILER, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition * Spelling of Name only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCAIO, PETE 4520 GOLFWOOD BLVD. TAMPA, FL 33634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			KINCAIO, PETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition * Spelling of Name only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BONNIE J 237 ALADANA DR. SEFFNER, FL 33583	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HORACE S 4417 W SEVILLA TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERMAN, BRENT 4709 SAN RAFAEL TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brent E. Byerman* **Brent E. Byerman** DATE: **2/18/2004** DAYTIME PHONE #: **813 839-4297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR