


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 730483

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



Principal Place of Business Mailing Address

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



03072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1374735** Applied For / Not Applicable

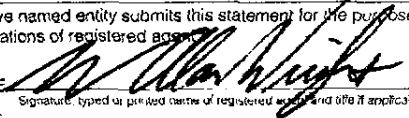
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, ALAN
3909 S. MACDILL AVE.
TAMPA, FL 33611**

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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  **W. ALAN WRIGHT** **3-7-06**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000465874
03/22/06-00052-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM 4613 S. MATANSAS TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCAID, PETE 4520 GOLFWOOD BLVD. TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, DONNA 3601 S. GARDENIA DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERMAN, BRENT 4709 SAN RAFAEL TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Donna C. Brooks** **3/9/06** **(813) 835-4297**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #