

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90171 029 \*\*\*\*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**

40059746



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

04042007 Chg-NP CR2E037 (12/06)

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 \_\_\_\_\_  
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, 2007**

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	JOHNSON, WILLIAM	
STREET ADDRESS	4613 S. MATANSAS	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINCAID, PETE	
STREET ADDRESS	4520 GOLFWOOD BLVD.	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, DONNA	
STREET ADDRESS	3601 S. GAROENIA DR	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYERMAN, BRENT	
STREET ADDRESS	4709 SAN RAFAEL	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN J. VALDES	
STREET ADDRESS	4701 PRICE AVE.	
CITY-ST-ZIP	Tampa FL 33611	
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		

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: Brent E. Byerman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/15/2007 Daytime Phone #: 813 839-4297