


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 29, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1374735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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: *Alan Wright* DATE: *2-22-08*

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

U00000843808
 03/12/08-80010-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, WILLIAM
STREET ADDRESS	4613 S. MATANSAS
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	KINCAID, PETE
STREET ADDRESS	4520 GOLFWOOD BLVD.
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	BROOKS, DONNA
STREET ADDRESS	4701 PRICE AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	BYERMAN, BRENT
STREET ADDRESS	4709 SAN RAFAEL
CITY-ST-ZIP	TAMPA, FL 33629
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: *Brent Byerman* DATE: *2/21/2008* DAYTIME PHONE: *813-839-4297*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #