2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730483

FILED Apr 14, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3909 SOUTH MAC DILL AVE. TAMPA, FL 33611

Current Mailing Address: New Mailing Address:

3909 SOUTH MAC DILL AVE.
TAMPA, FL 33611

3909 SOUTH MACDILL AVE.
TAMPA, FL 33611

FEI Number: 59-1374735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 JOHNSON, WILLIAM
 Name:
 RAMLOCHAN, MALTEE

 Address:
 4613 S. MATANSAS
 Address:
 4515 S. GAINES RD.

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 TAMPA, FL 33611

Title: D () Delete Title: D (X) Change () Addition Name: KINCAID, PETE Name: BEICHNER, RICHARD

 Name
 Name
 BEICHNER, RICHARD

 Address:
 4520 GOLFWOOD BLVD.
 Address:
 4513 S. COUPER PL.

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 TAMPA, FL 33611

Title:D() DeleteTitle:D(X) Change () AdditionName:BROOKS, DONNAName:SAWYER, LOUISEAddress:4701 PRICE AVEAddress:4414 S LANIER DR.

Address: 4701 PRICE AVE Address: 4414 S LANIER DR. City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 BYERMAN, BRENT
 Name:
 VALDES, HERMAN

 Address:
 4709 SAN RAFAEL
 Address:
 4701 PRICE AVE

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALTEE RAMLOCHAN D 04/14/2009