

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90197 022 \*\*\*\*61.25

9563595

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

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

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



CHECK HERE IF MAKING CHANGES

**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*  
Signature, typed or printed name of registered agent and title if applicable.

**4-7-03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIBBONS, PERRY</b>	
STREET ADDRESS	<b>815 W OHIO AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROOKS, LARRY</b>	
STREET ADDRESS	<b>3601 S GARDENIA</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WEAVER, ANN</b>	
STREET ADDRESS	<b>4306 ZELAR ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, HORACE S</b>	
STREET ADDRESS	<b>4417 W SEVILLA</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BYERMAN, BRENT</b>	
STREET ADDRESS	<b>4709 SAN RAFAEL</b>	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD DETWEILER</b>	
STREET ADDRESS	<b>4413 W. OKLAHOMA AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33616</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pete Kincaid</b>	
STREET ADDRESS	<b>4520 GOLFWOOD BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	<b>O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BONNIE J. SMITH</b>	
STREET ADDRESS	<b>237 ALABAMA DR</b>	
CITY-ST-ZIP	<b>SEFFNER FL 3358V</b>	
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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/2003**  
Date  
**813/839-4297**  
Extension Phone #

CR2E037 (10/02)