

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

**4-7-03**

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
NAME **GIBBONS, PERRY**  
STREET ADDRESS **815 W OHIO AVENUE**  
CITY-ST-ZIP **TAMPA FL**

TITLE **O**  Change  Addition  
NAME **RICHARD DETWEILER**  
STREET ADDRESS **4413 W. OKLAHOMA AVE**  
CITY-ST-ZIP **TAMPA FL 33616**

TITLE **D**  Delete  
NAME **BROOKS, LARRY**  
STREET ADDRESS **3601 S GARDENIA**  
CITY-ST-ZIP **TAMPA FL**

TITLE **O**  Change  Addition  
NAME **Pete Kincaid**  
STREET ADDRESS **4520 GOLFWOOD BLVD**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D**  Delete  
NAME **WEAVER, ANN**  
STREET ADDRESS **4306 ZELAR ST**  
CITY-ST-ZIP **TAMPA FL**

TITLE **O**  Change  Addition  
NAME **BONNIE J. SMITH**  
STREET ADDRESS **237 ALABAMA DR**  
CITY-ST-ZIP **SEFFNER FL 3358V**

TITLE **D**  Delete  
NAME **SMITH, HORACE S**  
STREET ADDRESS **4417 W SEVILLA**  
CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **BYERMAN, BRENT**  
STREET ADDRESS **4709 SAN RAFAEL**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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:

*Alan Wright*  
**SIGNATURE REQUIRED**

**4/7/2003**

**813/839-4297**

CR2E037 (10/02)