

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90484 021 ****70.00

DOCUMENT # 733765
 1. Entity Name
BOARD OF TRUSTEES, HIGHLAND UNITED METHODIST CHURCH, TAMPA, FLORIDA, INC.



Principal Place of Business
HODIST CHURCH, TAMPA, FLORIDA, INC.
4212 NORTH BOULEVARD
TAMPA, FL 33603-3444

Mailing Address
HODIST CHURCH, TAMPA, FLORIDA, INC.
4212 NORTH BOULEVARD
TAMPA, FL 33603-3444

94066000



2. Principal Place of Business
~~Highland United Methodist Church~~
 Suite, Apt. #, etc.
4212 North Boulevard
 City & State
Tampa, FL
 Zip
33603 Country
USA

3. Mailing Address
HIGHLAND
~~Highland United Methodist Ch.~~
 Suite, Apt. #, etc.
4212 North Boulevard
 City & State
Tampa, FL
 Zip
33603 Country
USA

02242004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6137194

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, JAMES
4706 EDDY DR
TAMPA, FL 33603

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 James Jones DATE 4/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PT JONES, JAMES 4706 EDDY DR TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT KING, PAUL 702 W EMMA STREET TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, STEPHEN 1533 W PARK LANE TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CONNOR, DONETA 901 W CANDLEWOOD AVE TAMPA, FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TS Doneta Connor 901 W. Candlewood Ave. Tampa, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Doneta Connor Doneta Connor DATE: 2/23/04 (813) 238-8604
Signature and typed or printed name of signing officer or director. Date Daytime Phone #