



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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|---|--|---|---|--|--|
| 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 | | |
| 2. Principal Place of Business Highland United Methodist Church Suite, Apt. #, etc. 4212 North Boulevard City & State Tampa, FL Zip 33603 | | 3. Mailing Address Highland United Methodist Ch. Suite, Apt. #, etc. 4212 North Boulevard City & State Tampa, FL Zip 33603 | |  | |
| 4. FEI Number 59-6137194 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <u><i>James Jones</i></u> DATE <u><i>4/21/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | VCT KING, PAUL 702 W EMMA STREET TAMPA, FL 33603 | <input type="checkbox"/> Delete | | | |
| 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 | TS CONNOR, DONETA 901 W CANDLEWOOD AVE TAMPA, FL 33603 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS Doneta Connor 901 W. Candlewood Ave. Tampa, FL 33603 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <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: <u><i>Doneta Connor</i></u> Doneta Connor <u><i>2/23/04 (813) 238-8604</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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