2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90636 002 ****61.25

DOCUMENT # 735415

1. Entity Name
TAMPA UNITED METHODIST CENTERS, INC.

14UU1749

Principal Place of Business	Mailing Address
2801 N. 17TH STREET PO BOX 5746 TAMPA, FL 33605 US	P. O. BOX 5746 PO BOX 5746 TAMPA, FL 33675 US

03022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2801 N. 17th St.	PO Box 5746
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33605 Country: US	Zip: 33675 Country: US

4. FEI Number: 59-0638509 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, LOUIS 2801 17TH STREET NORTH TAMPA, FL 33605	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	VP TYSON, CHANDRA 1315 SPRUCE STREET TAMPA, FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP James Loper Magdalene Center, 15438 N. Florida #101 Tampa, FL 33613	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NILES, WALTER 2916 N JEFFERSON STREET TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Tim Bennett 13805 Lazy Oak Dr. Tampa, FL 33613	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCGILL, KATIE 305 S. HYDE PARK AVENUE TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bernard Alessandrini 16322 E. Course Dr. Tampa, FL 33624	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENNET, TIM 6604 HARNEY ROAD TAMPA, FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Bernard Alessandrini 3/18/04 813-248-6259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #