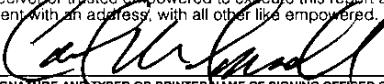


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 19, 2007 8:00 am
Secretary of State**

03-19-2007 90079 009 ****70.00

DOCUMENT # 766829		
1. Entity Name THE TEMPLE TERRACE UNITED METHODIST CHURCH, INC.		
Principal Place of Business C. (THE) 5030 E. BUSCH BLVD. TAMPA, FL 33617		Mailing Address C. (THE) 5030 E. BUSCH BLVD. TAMPA, FL 33617
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent		
WOFFORD, WILLIAM R 11722 LIPSEY RD TAMPA, FL 33618		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<small>(NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		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 D NAME MCREYNOLDS, PHIL STREET ADDRESS 9606 WOODLAND RIDGE DRIVE CITY-ST-ZIP TEMPLE TERR. FL 33617		<input checked="" type="checkbox"/> Delete
TITLE D NAME AYLOR, LOU ANN STREET ADDRESS 213 PARK RIDGE AVE. CITY-ST-ZIP TEMPLE TERRACE, FL 33617		<input checked="" type="checkbox"/> Delete
TITLE VP NAME CLEMENS, NORWOOD LEE STREET ADDRESS 313 DEER PARK AVE. CITY-ST-ZIP TAMPA, FL 33617		<input type="checkbox"/> Delete
TITLE S NAME ROWE, JEFFREY F STREET ADDRESS 714 DRUID HILLS CITY-ST-ZIP TEMPLE TERRACE, FL 33617		<input checked="" type="checkbox"/> Delete
TITLE D NAME WILKINSON, ELIA STREET ADDRESS 316 ST. AUGUSTINE AVE. CITY-ST-ZIP TEMPLE TERRACE, FL 33617		<input checked="" type="checkbox"/> Delete
TITLE P NAME CERNY, MICHAEL STREET ADDRESS 3140 BENDING OAK DRIVE CITY-ST-ZIP PLANT CITY, FL 33563		<input checked="" type="checkbox"/> Delete
TITLE P NAME Carl McConnell STREET ADDRESS 3424 Lauren Place CITY-ST-ZIP Temple Terrace, FL 33637		
TITLE VP NAME Albert S. Brown STREET ADDRESS 209 Greencastle Ave. CITY-ST-ZIP Temple Terrace, FL 33617		
TITLE D NAME Frankie Crumpton STREET ADDRESS 9240 N. 52nd St. CITY-ST-ZIP Tampa, FL 33617		
TITLE D NAME Jeffrey Ross STREET ADDRESS 3024 Pine Hill Drive CITY-ST-ZIP Tampa, FL 33617		
TITLE D NAME Nancy Lupton STREET ADDRESS 615 Herchel Drive CITY-ST-ZIP Temple Terrace, FL 33617		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Carl McConnell 3/2/07 813-466-7019 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small> Daytime Phone #		