


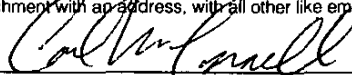


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90032 018 ****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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-6045231	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 Carl McConnell Street Address (P.O. Box Number is Not Acceptable) 8424 Laurelton Place City Temple Terrace FL Zip Code 33637		
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  DATE 3/10/08 <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, 2008		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	D MCCONNELL, CARL 8424 LAURELTON PLACE TEMPLE TERRACE, FL 33637 <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	VP BROWN, ALBERT S 209 GREENCASTLE AVE TEMPLE TERRACE, FL 33617 <input checked="" 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	D CLEMENS, NORWOOD LEE 313 DEER PARK AVE. TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUMPTON, FRANKIE 9240 N 52ND ST TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JEFFERY 8024 PINE HILL DRIVE TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUPTON, NANCY 615 HERCHEL DRIVE TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  DATE 3/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					