

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007560

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOUTH TAMPA ECUMENICAL MINISTRIES, INC.

Current Principal Place of Business:

3702 W KENNEDY BLVD
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

501 S. DALE MABRY HIGHWAY
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3753570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEFFER, ROBERT
501 S. DALE MABRY HWY
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

JONES, DONALD A MR.
1720 DOVE FIELD PL
BRANDON, FL 33510 US

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.

SIGNATURE: DONALD A. JONES

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JONES, DONALD A
Address: 1720 DOVE FIELD PL
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: GAERTNER, CORRINE
Address: 214 S. WOODLYNE AVE
City-St-Zip: TAMPA, FL 33609

Title: DT () Delete
Name: MCFARLAND, BETSEY
Address: 3105 W GRACE ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: FOX, SUSANN
Address: 3313 W. SEVILLA CIR
City-St-Zip: TAMPA, FL 33629

Title: DS () Delete
Name: GABLE, JOANNA
Address: 3916 S DELEON ST
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: NEAL, JENNI
Address: 2307 S. HESPERIDES ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: DELOOATCHE, GER
Address: 3014 W. CHAPIN AVE
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD A. JONES

MR

04/30/2009

Electronic Signature of Signing Officer or Director

Date