

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

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N16780

1. Entity Name
FAITH UNITED METHODIST CHURCH OF LARGO, INC.



Principal Place of Business
**403 FIRST AVENUE SW
LARGO, FL 33770**

Mailing Address
**403 FIRST AVENUE SW
LARGO, FL 33770**

DO NOT WRITE IN THIS SPACE



04142007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6177176

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCREA, ERIC S
403 FIRST AVENUE SW
LARGO, FL 33770**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIXON, ROYCE A
STREET ADDRESS 7055 DARIEN WAY
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VD
NAME GERHARD, JUDITH L
STREET ADDRESS 11330 - 112TH AVENUE N.
CITY-ST-ZIP LARGO, FL 33778

TITLE TD
NAME SMAWLEY, BRIAN T
STREET ADDRESS 11890 LAKE ALLEN DRIVE
CITY-ST-ZIP LARGO, FL 33773

TITLE SD
NAME JEMPSON, SHIRLEY
STREET ADDRESS 602 MINDY DRIVE
CITY-ST-ZIP LARGO, FL 33771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000715312
04/27/07-800650-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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, and all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian T. Smawley **Brian T. Smawley** 04-14-07 727-584-1411