

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90085 041 ****61.25

DOCUMENT # N32057

1. Entity Name

ST. JAMES UNITED METHODIST CHURCH AT TAMPA
PALMS, INC.



Principal Place of Business

16202 BRUCE B DOWNS BLVD
TAMPA, FL 33647 US

Mailing Address

16202 BRUCE B DOWNS BLVD
TAMPA, FL 33647 US

50002334



03032006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number

59-2878557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES, BRIAN A REV
16202 BRUCE B DOWNS BLVD
TAMPA, FL 33647

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOORE, WILLARD
STREET ADDRESS 19218 AUTUMN WOODS AVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE D
NAME DUNPHY, JAMES
STREET ADDRESS 1707 RYAN DR
CITY-ST-ZIP LUTZ, FL 33549

TITLE D
NAME BATTAGLINI, PAUL
STREET ADDRESS 28430 SUNVALE PL
CITY-ST-ZIP ZEPHYRHILLS, FL 33543

TITLE T
NAME GRUBER, THOMAS
STREET ADDRESS 16350 HEATHROW DR
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

Robert P. Douglass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06

DATE

813-971-4790

DAYTIME PHONE #