


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90041 033 ****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		
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	Country	4. FEI Number 59-2878557	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Rev Riley Short Street Address (P.O. Box Number is Not Acceptable) 16202 Bruce B. Downs Blvd City Tampa FL Zip Code 33647		
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 Riley Short DATE 3/4/08 <small>(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 MOORE, WILLARD 19218 AUTUMN WOODS AVE TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alton Tolley 18503 Chadwyck Ct Tampa, FL 33647	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASI, MARK 6534 STONINGTON DR. S TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Linda Darling 10505 Cory Lake Dr Tampa, FL 33647	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKOVER, ROBERT 7207 YARDLEY DR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patrick Joyce 10252 Shadow Branch Dr Tampa, FL 33647	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUBER, THOMAS 16350 HEATHROW DR TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE, DAY 20002 RYMAN PLACE TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUGLASS, ROBERT P 4319 CREEBIGLEN LN LAKELAND, FL 33811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Orvella White 28549 Falling Leaves Way Wesley Chapel, FL 33583	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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: Orvella White DATE 2/21/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					