

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N39517**

1. Entity Name

**ST. JOHN'S UNITED METHODIST CHURCH OF TAMPA, INC****FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90002 031 \*\*\*\*61.25

0058250

Principal Place of Business

**5120 MENDENHALL DRIVE  
TAMPA FL 33603**

Mailing Address

**5120 MENDENHALL DRIVE  
TAMPA FL 33603**

00010370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1196850**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**GARY, BEAM N REV  
5120 MENDENHALL DR  
TAMPA FL 33603**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TRC  
PETERMAN, JANET  
1705 W COMANCHE AVE  
TAMPA FL 33603** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MARCIA AUSTIN  
4812 MENDENHALL DR.  
TAMPA, FL 33603** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
BURNHAM, KAREN  
3309 W OSBORNE AVE  
TAMPA FL 33603** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
GATES, NETTIE  
2309 W CLUSTER AVE  
TAMPA FL 33603** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
LOGSTON, NORMAN  
4515 W PARIS ST  
TAMPA FL 33614** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
ANDERSON, JIM  
927 BEACON AVE  
TAMPA FL 33603** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TR  
OWENS, HARRY  
1551 RIVER LANE  
TAMPA FL 33603** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MANUEL G. GARCIA, JR. Pres.** 01/17/01 (813) 876-2381

CR2E037 (10/00)