2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State DOCUMENT # N39517 05-03-2004 90705 005 ****61.25 ST. JOHN'S UNITED METHODIST CHURCH OF TAMPA. INC. Principal Place of Business Mailing Address 5120 MENDENHALL DRIVE TAMPA FL 33603 5120 MENDENHALL DRIVE **TAMPA FL 33603** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-1196850 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARY, BEAM N REV Street Address (P.O. Box Number is Not Acceptable) 5120 MENDENHALL DR **TAMPA FL 33603** City Zip Code 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 <u>Rev. Gary N. Beam</u> (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE TRC ☐ Change Addition PETERMAN, JANET NAME NAME 1705 W COMANCHE AVE STREET ADDRESS STREET ADDRESS TAMPA FL 33603 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BURNHAM, KAREN NAME NAME 3309 W OSBORNE AVE STREET ADDRESS STREET ADDRESS TAMPA FL 33603 CITY-ST-ZIP CITY-ST-ZIP TRC TITLE Delete TITLE Change Addition GATES, NETTIE ROBERT KILGORE NAME NAME 2309 W CLUSTER AVE STREET ADDRESS STREET ADDRESS 4706 N FREEMONT AVE **TAMPA FL 33603** CITY-ST-ZIP C!TY-ST-ZIP TAMPA, FL 33603 TITLE Delete TITLE TRO Change X Addition LOGSTON, NORMAN NAME NAME JEFFREY HUNTER 4515 W PARIS ST STREET ADDRESS STREET ADDRESS 4913 Wishart Blvd TAMPA FL 33614 CITY-ST-ZIP CITY-ST-7IP Tampa, Fl 33603 Delete TITLE TITLE ☐ Change Addition TR ANDERSON, JIM NAME NAME Hugo Roberty 927 BEACON AVE STREET ADDRESS 2123 Farwell Dr. STREET ADDRESS **TAMPA FL 33603** CITY-ST-ZIP CITY-ST-ZIP Tampa, F1 33603 ☐ Change TITLE ☐ Addition TITLE ☐ Delete PYLES, ADA NAME NAME 4806 DARBY AVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33603** CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 legal 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 AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Ada E. Pyles, Treas.

04 27 04

Daytime Phone #

FILED