

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90203 003 ****61.25

DOCUMENT # N39517 1. Entity Name ST. JOHN'S UNITED METHODIST CHURCH OF TAMPA, INC.					
Principal Place of Business 5120 MENDENHALL DRIVE TAMPA, FL 33603			Mailing Address 5120 MENDENHALL DRIVE TAMPA, FL 33603		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01172005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1196850	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARY, BEAM N REV 5120 MENDENHALL DR TAMPA, FL 33603			7. Name and Address of New Registered Agent Name Rev. Edna Kate Jacobs Street Address (P.O. Box Number is Not Acceptable) 5120 N. Mendenhall Dr. Tampa, FL 33603 City FL 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.					
SIGNATURE		Edna Kate Jacobs		April 26, 2005 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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	TRC PETERMAN, JANET 1705 W COMANCHE AVE TAMPA, FL 33603	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Ed Campbell 1708 Erna Dr Tampa, FL 33603
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BURNHAM, KAREN 3309 W OSBORNE AVE TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KILGORE, ROBERT 4706 N FREEMONT AVE TAMPA, FL 33603	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HUNTER, JEFFREY 4913 WISHART BLVD TAMPA, FL 33603	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBERTY, HUGO 2123 FARWELL DRIVE TAMPA, FL 33603	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PYLES, ADA 4806 DARBY AVE TAMPA, FL 33603	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Clara Griebeling 5638 Kenwood Ave. New Port Richey, FL 34652		
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Scott Corwin 239 Timberlane Trace Longwood, FL 32750		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		ADA E. PYLES		APRIL 26, 2005 <small>Date</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	