

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90334 044 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1196850

Applied For
Not Applicable

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

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

Name
Rev. Edna Kate Jacobs

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

5120 N. Mendenhall Dr.

City

Tampa, FL 33603-1511

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

Edna Kate Jacobs

April 6, 2006

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

(NOTE: Registered Agent signature required when reinstalling)

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

**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** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRC
Burnham, Karen
3309 W. Osborne Ave.
Tampa, FL 33603** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
GARCIA, LOIS
1909 W ERNA DR
TAMPA, FL 33603** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
Cruz, Frank
2107 W. Ferris Ave.
Tampa, FL 33603** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
KILGORE, ROBERT
4706 N FREEMONT AVE
TAMPA, FL 33603** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
Scott Corwin
239 Timberlane Trace
Longwood, FL 32750** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
HUNTER, JEFFREY
4913 WISHART BLVD
TAMPA, FL 33603** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
Ed Campbell
1708 W. Erna Ave.
Tampa, FL 33603** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
ROBERTY, HUGO
2123 FARWELL DRIVE
TAMPA, FL 33603** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dir.
Pyles, Ira U., jr.
7811 N. Gomez Ave.
Tampa, FL 33614** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PYLES, ADA
4806 DARBY AVE
TAMPA, FL 33603** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T.
June Young
2920 W. Paris Ave.
Tampa, FL 33614** ☐ Change ☒ Addition

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:

Edna Kate Jacobs

Edna Kate Jacobs (813) 876-2381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #