

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90025 006 \*\*\*\*61.25



**DOCUMENT # N39517**  
1. Entity Name  
**ST. JOHN'S UNITED METHODIST CHURCH OF TAMPA, INC.**

Principal Place of Business Mailing Address  
5120 MENDENHALL DRIVE 5120 MENDENHALL DRIVE  
TAMPA FL 33603 TAMPA FL 33603



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State  
Zip Country Zip Country

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  
**JACOBS, EDNA K REV**  
**5120 N MENDENHALL DR**  
**TAMPA FL 33603-1511**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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*  
Signature of individual or principal name of registered agent is not applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE	TRC	<input type="checkbox"/> Delete
NAME	BURNHAM, KAREN	
STREET ADDRESS	3309 W OSBORNE AVE	
CITY-STATE-ZIP	TAMPA FL 33603	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CRUZ, FRANK	
STREET ADDRESS	2197 W FERRIS AVE	
CITY-STATE-ZIP	TAMPA FL 33603	
TITLE	TR	<input type="checkbox"/> Delete
NAME	KILGORE, ROBERT	
STREET ADDRESS	4706 N FREEMONT AVE	
CITY-STATE-ZIP	TAMPA FL 33603	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, JEFFREY	
STREET ADDRESS	4913 WISHART BLVD	
CITY-STATE-ZIP	TAMPA FL 33603	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ROBERTY, HUGO	
STREET ADDRESS	2123 FARWELL DRIVE	
CITY-STATE-ZIP	TAMPA FL 33603	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, JUNE	
STREET ADDRESS	2920 W PARIS AVE	
CITY-STATE-ZIP	TAMPA FL 33614	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDY PYLES	
STREET ADDRESS	7811 N. GOMEZ AVE	
CITY-STATE-ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 K Jacobs* 4-28-07 8138762381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #