


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90239 050 \*\*\*\*61.25

<b>DOCUMENT # N49616</b> 1. Entity Name HYDE PARK UNITED METHODIST CHURCH, INC.					
Principal Place of Business 500 W PLATT ST TAMPA, FL			Mailing Address 500 W PLATT ST TAMPA, FL		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0714823</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GARDNER, J. STEPHEN 220 S FRANKLIN ST TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name <b>Gardner, J. Stephen</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 S. Franklin, Suite 101</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAWFORD, KAREN 1406 S MOODY AVE TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carolyn Bricklemeyer 500 West Platt Street Tampa, FL 33606
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, TOM 236 1ST STREET W TIERRA VERDE, FL 33715	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Trudy Hensley 500 West Platt Street Tampa, FL 33606
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUDER, DONNA 5309 BAYSHORE BLVD TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ted Kempton 500 West Platt Street Tampa, FL 33606
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HESS, JIM 2859 BAYSHORES TRLS DR TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 West Platt Street Tampa, FL 33606
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COVINGTON, JOYCE 702 W BAY ST, # B TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 West Platt Street Tampa, FL 33606
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, RICK 4117 W. SWANN AVENUE TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 West Platt Street Tampa, FL 33606
<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Courtney S. Smith</u> <span style="float: right;">4/30/08 253-5388</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40091201



*Address change only →*

ATTACHMENT  
40091201  
HN49616

11. Continued

T  
Courtney Buell  
500 West Platt Street  
Tampa, FL 33606  
Change

T  
Chad Harrod  
500 West Platt Street  
Tampa, FL 33606  
Change

T  
Mark Jordan  
500 West Platt Street  
Tampa, FL 33609  
Addition