

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51299

FILED
Jan 15, 2007
Secretary of State

Entity Name: CHRIST UNITED METHODIST CHURCH OF TAMPA, INC.

Current Principal Place of Business:

3304 E COLUMBUS DR
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

PO BOX 75338
TAMPA, FL 336750338

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCOTT, CHERYL
3008 46TH ST
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SEAY, DOUGLAS
Address: 3008 46TH ST
City-St-Zip: TAMPA, FL 33605

Title: TD () Delete
Name: TIM, HERMAN L
Address: 2304 RIDGEWOOD AVE.
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: PONDER, ERNESTINE
Address: 3409 MACHADO STREET
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: WILSEN, CHERYL Y
Address: 2607 20TH AVE E
City-St-Zip: TAMPA, FL 33605

Title: VD () Delete
Name: NEWSOME, DEAN
Address: 3502 11TH AVE.
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: RAINES, ALICE
Address: 3304 EAST COLUMBUS DRIVE
City-St-Zip: TAMPA, FL 33605

Title: TD (X) Change () Addition
Name: JONES, MARY F
Address: P. O. BOX 292325
City-St-Zip: TAMPA, FL 33687

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: NEWSOME, MILDRED
Address: 3513 12TH AVENUE
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL SCOTT

O/D

01/15/2007

Electronic Signature of Signing Officer or Director

Date