

FILED  
May 30, 2003 8:00 am  
Secretary of State

05-30-2003 90082 009 \*\*\*\*\*70.00

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51299

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



Principal Place of Business  
3304 E COLUMBUS DR  
TAMPA, FL 33605

Mailing Address  
PO BOX 75338  
TAMPA, FL 33675-0338

90137992

2. Principal Place of Business

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3672813  
65-3804358

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER, JOHN  
4806 ASHLAND DRIVE  
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name  
DOUGLAS SEAY  
Street Address (P.O. Box Number is Not Acceptable)  
3008 46<sup>th</sup> Street  
Tampa FL 33605  
City FL Zip Code  
33605

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 *Douglas Seay*  
Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature required when maintaining)

DATE *5/24/03*

FILE NOW FEE IS \$61.25

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br><del>CHRISTOPHER, JOHN</del><br>4806 ASHLAND DRIVE<br>TAMPA, FL 33610<br>Douglas Seay<br>3008, 46 <sup>th</sup> St<br>TAMPA FL 33605 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>JOINER, THOMAS<br>5428 PINE STREET<br>SEFFNER, FL 33594                                                                              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>PONDER, ERNESTINE<br>3409 MACHADO STREET<br>TAMPA, FL 33605                                                                          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HENDRIX, EMMA<br>3406 EAST 33RD AVE<br>TAMPA, FL 33610                                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>RAINES, WILLIAM<br>4832 ASHLAND DRIVE<br>TAMPA, FL 33610                                                                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GREG, FLEMING<br>2922 BANZA STREET<br>TAMPA, FL 33605                                                                                 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                   |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | OLIN, DEAN Newsome<br>3515 12 <sup>th</sup> Ave<br>TAMPA FL 33605 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VINCENT IVERSON<br>10107 Chimney Hill CT<br>TAMPA FL 33615        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <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)(i), 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: *Douglas Seay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/24/03* Daytime Phone #

CR12E037 (10/02)



*Attachment #*  
**Christ**

UNITED METHODIST CHURCH  
3304 East Columbus Drive  
P.O. Box 75338  
Tampa, Florida 33675-0338  
Church (813) 248-2175

90137992  
**N51299**

Pastor  
Dr. Florence Howell

Lay Leader  
Geraldine Christopher

Secretary  
Madame Seay

Dear Sir/Madame:

Enclosed is a completed form with the necessary corrections. John Christopher is replaced with Douglas Seay. We have also added Dean Newsome and Vincent Iverson. Should you have any questions feel free to call me at the above number or at the parsonage 813-238-0998 or on my cell 813- 7895161.

In God's Service

Pastor, Florence Howell

