

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90084 026 \*\*\*\*70.00

**DOCUMENT # N93000005717**

**1. Entity Name**  
**THE PORT TAMPA UNITED METHODIST CHURCH, INC.**



**Principal Place of Business**  
6914 S. DESOTO STREET  
TAMPA, FL

**Mailing Address**  
6914 S. DESOTO STREET  
TAMPA, FL

**94053225**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172004

Chg-NP

CR2E037 (10/03)

City & State

City & State

**4. FEI Number**

59-2916667

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

MAY, MARY JANE  
4404 LACKLAND PLACE  
TAMPA, FL 33616

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**

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

(NOTE: Registered Agent signature required when reconstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

**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** CMD ☐ Delete  
**NAME** CAMPBELL, CHARLES S  
**STREET ADDRESS** 4118 ESTRELLA ST  
**CITY-ST-ZIP** TAMPA, FL

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** T ☐ Delete  
**NAME** MAY, MARY JANE  
**STREET ADDRESS** 4404 LACKLAND PLACE  
**CITY-ST-ZIP** TAMPA, FL 33616

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VCD ☐ Delete  
**NAME** MAY, RUSS  
**STREET ADDRESS** 4404 LACKLAND PLACE  
**CITY-ST-ZIP** TAMPA, FL 33616

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** S ☒ Delete  
**NAME** SCHNUT, ALBERT  
**STREET ADDRESS** 4014 OKLAHOMA AVE  
**CITY-ST-ZIP** TAMPA, FL 33616

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** Trustee, Chairman  
**STREET ADDRESS** mckenzie, Evelyn  
**CITY-ST-ZIP** 4407 Harbor View  
Tampa, FL 33611

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** *Mary Jane May* *Mary Jane May* *4-12-04* *813-837-3825*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #