

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90167 048 *****61.25

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**

11009403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2916667**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DUKE, CAROLYN J
3403 TYSON AV
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name

Mary Jane May

Street Address (P.O. Box Number is Not Acceptable)

4404 Lackland Place

City

Tampa,

FL

Zip Code

33616

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 **Mary Jane May**

Mary Jane May

April 14, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **T** ☐ Delete
NAME **DUKE, CAROLYN J**
STREET ADDRESS **3405 TYSON AV**
CITY-ST-ZIP **TAMPA FL 33611**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Mary Jane May**
STREET ADDRESS **4404 Lackland Place**
CITY-ST-ZIP **Tampa, Florida 33616**

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

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

TITLE ☐ Change ☐ Addition
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:

Charles S. Campbell

April 8, 2003

CR2E037 (10/02)