

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005986

FILED
May 13, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

4410 W SLIGH AVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4410 W SLIGH AVE
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 65-0198102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, IMOGENE W
4516 W CLIFTON AVE
TAMPA, FL 33614 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: P () Delete
Name: VERGE, ALEJANDRO
Address: 7337 JACKSON SPRINGS RD
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: WARHUL, LOIS M
Address: 5801 BARRY LANE
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: FITZSIMMONS, EDNA
Address: 5009 N RENELLIE DR
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: HAYES, IMOGENE W
Address: 4516 W. CLIFTON AVE
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: FABABA, HAYDEE
Address: 3401 N LAKEVIEW DR #1513
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: DELGADO, CARY
Address: 4824 SAN PABLO ST
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEJANDRO VERGE

P

05/13/2002

Electronic Signature of Signing Officer or Director

Date