2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2004
Secretary of State

DOCUMENT# N94000005986

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:	BRINGAS, LAZARO	
Address:	7104 S. 36TH AVE	
City-St-Zip:	TAMPA, FL 33619	
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
Name:	
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: LAZARO BRINGAS P 08/08/2004

Electronic Signature of Signing Officer or Director — Date