## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000005986

FILED Aug 12, 2006 Secretary of State

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

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
4410 W S TAMPA, F	LIGH AVE FL 33614 US			
Current Mailing Address:		New Maili	New Mailing Address:	
4410 W S TAMPA, F	LIGH AVE EL 33614 US			
In accordar	r: 65-0198102 FEI Number Applied For() FE nce with s. 607.193(2)(b), F.S., the corporation did not rec d Address of Current Registered Agent:	<del>-</del>		
	ALEJANDRO KSON SPRINGS, RD <sup>°</sup> L 33634 US			
	e named entity submits this statement for the purpo e of Florida.	ose of changing	its registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () Delete BRINGAS, LAZARO 7104 S. 36TH AVE TAMPA, FL 33619	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition BRINGAS, LAZARO 7104 S. 36TH AVE TAMPA, FL 33619	
Title: Name: Address: City-St-Zip:	D ( ) Delete WARHUL, LOIS M 5801 BARRY LANE TAMPA, FL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
	D () Delete	Title:	P (X) Change ( ) Addition	
Name: Address:	VAZQUEZ, FRANCISCO 8813 NORFOLK, ST TAMPA, FL 33615	Name: Address: City-St-Zip:	DELGADO, LEONARDO 4824 ST PABLO PLACE TAMPA, FL 33634	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	VAZQUEZ, FRANCISCO 8813 NORFOLK, ST	Name: Address:	4824 ST PABLO PLACE	
Name: Address: City-St-Zip: Title: Name: Address:	VAZQUEZ, FRÂNCISCO 8813 NORFOLK, ST TAMPA, FL 33615 D ( ) Delete HAYES, IMOGENE W 4516 W. CLIFTON AVE	Name: Address: City-St-Zip: Title: Name: Address:	4824 ST PABLO PLACE TAMPA, FL 33634 D (X) Change ( ) Addition CALERO, AIDA 6009 W JEAN STREET	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LEONARDO DELGADO P 08/12/2006