2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
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 (X)**

Name and Address of Current Registered Agent:

VERGE, ALEJANDRO
7337 JACKSON SPRINGS, RD
TAMPA, FL 33634 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: D ( ) 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: P ( ) Delete
Name: DELGADO, LEONARDO
Address: 4824 ST PABLO PLACE
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: CALERO, AIDA
Address: 6009 W JEAN STREET
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: AVILES, ANDRES
Address: 1901 GREGORY DRIVE
City-St-Zip: TAMPA, FL 33612

Title: S ( ) Delete
Name: WALTERS, YANETH
Address: 5520 GUNN HWY, APT. 306
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MARTINEZ, AUREA L
Address: 23110 STATE RD 54 # 185
City-St-Zip: LUTZ, FL 33549 US

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 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: AUREA MARTINEZ MISS 03/30/2009

Electronic Signature of Signing Officer or Director — Date