2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000005986

FILED Apr 12, 2003 Secretary of State

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

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
4410 W SL TAMPA, FI							
Current Mailing Address:			New Maili	New Mailing Address:			
4410 W SL TAMPA, FI							
FEI Number:	65-0198102 F	El Number Applied For()	FEI Number Not Appli	icable ()	Certificate of Statu	ıs Desired ()	
Name and	Address of Curr	ent Registered Agent:	Name and	Address of I	New Registered A	Agent:	
	IOGENE W LIFTON AVE _ 33614 US						
The above n the State	named entity sub e of Florida.	mits this statement for the pu	irpose of changing it	s registered o	office or registered	agent, or both,	
SIGNATUF		Signature of Registered Ager	<u>.</u>		Data		
					Date		
OFFICERS	S AND DIRECTO	RS:	ADDITION	S/CHANGES	TO OFFICERS A	ND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Del VERGE, ALEJANDF 7337 JACKSON SP TAMPA, FL 33634	RO	Title: Name: Address: City-St-Zip:	P (X BRINGAS, LAZ 7104 S. 36TH A TAMPA, FL 33	AVE		
Title: Name: Address: City-St-Zip:	D () Del WARHUL, LOIS M 5801 BARRY LANE TAMPA, FL	ete	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () Del FITZSIMMONS, ED 5009 N RENELLIE I TAMPA, FL	NA.	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () Del HAYES, IMOGENE 4516 W. CLIFTON A TAMPA, FL 33614	W	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	S () Del FABABA, HAYDEE 3401 N LAKEVIEW TAMPA, FL 33618		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () Del DELGADO, CARY 4824 SAN PABLO S TAMPA, FL 33615		Title: Name: Address: City-St-Zip:	() Change ()Addition		

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 04/12/2003