

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006274
 1. Entity Name
TYER TEMPLE UNITED METHODIST CHURCH, INC.



Principal Place of Business
**3303 NO 15TH ST
 TAMPA, FL 33605**

Mailing Address
**P.O. BOX 76693
 TAMPA, FL 33675**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3291576

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HUBBARD, RONALD
 4623 W EL PRADO BLVD
 TAMPA, FL 33629**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ANDERSON, HORACE 13922 FARMINGTON BLVD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT JONES, JACQUELINE 313 BRADFORD AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SMITH, CORNELIA 510 E ROSS TAMPA, FL 33602
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cornelia Smith / Cornelia Smith 2/21/06 (813) 229-1830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #