

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:43

DOCUMENT # **731806** (6)

1. Corporation Name

WESTMINSTER UNITED PRESBYTERIAN CHURCH, INC. OF ST. PETERSBURG

Principal Place of Business

Mailing Address

126 - 11TH AVE. N. E.
ST. PETERSBURG FL 33701

126 - 11TH AVE. N. E.
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **02/06/1975** 3a. Date of Last Report **01/28/1994**

4. FEI Number **59-0662282** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, ED
860-29TH AVE N
ST. PETERSBURG FL 33704

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S
NAME	BURFORD, HELEN
STREET ADDRESS	964 LOCUST STREET, N.E.
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	T
NAME	MOORESIDE, ALICE
STREET ADDRESS	1204 1ST ST N
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	MIGLIS, FRANK
STREET ADDRESS	1737 ARIZONA AVENUE NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	AT
NAME	NETTBAUM, GRACE
STREET ADDRESS	470 3RD ST SO 202
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PD
NAME	GEORGE, NELSON
STREET ADDRESS	634 PLACIDO WAY N.E.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MIGLIS, FRANK	
1.3 STREET ADDRESS	1737 ARIZONA AVE N.E.	
1.4 CITY-ST-ZIP	ST. PETE, FL. 33703	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROGERS, MAX	
2.3 STREET ADDRESS	436 - 15th AVE NE	
2.4 CITY-ST-ZIP	ST. PETE, FL 33704	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOORESIDE, ALICE	
3.3 STREET ADDRESS	1204 1st St. N.	
3.4 CITY-ST-ZIP	ST. PETE, FL 33701	
4.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REEDER, JEANNE	
4.3 STREET ADDRESS	2650 WEST BAY ISLE DR. S.E.	
4.4 CITY-ST-ZIP	ST. PETE, FL. 33705	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helen Burford* **HELEN BURFORD** 01-17-95 (813) 821-6259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number