

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 14, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 731806 (6)**

1. Corporation Name  
**WESTMINSTER UNITED PRESBYTERIAN CHURCH, INC. OF ST. PETERSBURG**



Principal Place of Business  
**126 - 11TH AVE. N. E.  
ST. PETERSBURG FL 33701**

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

3. Date incorporated or Qualified **02/06/1975**      3a. Date of Last Report **01/30/1995**

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**

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      26

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD MIGLIS, GRANK 1737 ARIZONA AVE. N.E. ST PETERSBURG, FL 00000	<input checked="" type="checkbox"/> DELETE	11 TITLE	PD ROGERS, MAX 436 - 15 <sup>TH</sup> AVE N.E. ST. PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, MAX 436 - 15TH AVE N.E. ST. PETERSBURG FL	<input type="checkbox"/> DELETE	12 NAME	REEDER, JEANNE 2650 WEST BAY ISLE DR. S.E. ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MOORESIDE, ALICE 1204 1ST ST. N. ST. PETERSBURG FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS	BRITT, GEORGIA 245 - 13 <sup>TH</sup> AVE N.E. ST. PETERSBURG, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP	REEDER, JEANNE 2650 WEST BAY ISLE DR. S.E. ST. PETERSBURG FL	<input type="checkbox"/> DELETE	14 CITY - ST - ZIP	BURFORD, HELEN 964 LOCUST ST. N.E. ST. PETERSBURG, FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	PD GEORGE, NELSON 834 PLACIDO WAY N.E. PINELLAS PARK FL	<input checked="" type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	22 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	23 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	32 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	33 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	42 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	43 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	52 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	53 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	62 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	63 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 3-10-96 (813) 821-5259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E037 (12/95)