


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
02/06/1975

4. FEI Number
59-0662282

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**YOUNG, ED
 660-29TH 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, MAX	
STREET ADDRESS	438-15TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FEEDER, JEANNE	
STREET ADDRESS	2650 W BAY ISLE DR. SE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PALMER, HENRY	
STREET ADDRESS	2220 COFFEE POT BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	DEAN, GEORGIA	
STREET ADDRESS	165 12TH AVENUE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURFORD, HELEN	
STREET ADDRESS	964 LOCUST ST NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MIGLIS, FRANK	
1.3 STREET ADDRESS	1737 ARIZONA AVE. N.E.	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DRUYOR, GRACE	
5.3 STREET ADDRESS	5600 - 1st ST. N. #17	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>Grace S. Druyor</i>	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **GRACE DRUYOR** (813) 527-8713

CPRE037 (10/97)