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**Mar 05 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 # N93000003034 (6)
 1. Corporation Name
CONGREGATIONS UNITED FOR COMMUNITY ACTION, INC.



Principal Place of Business 300 3RD AVE N ST PETERSBURG FL 33701 US	Mailing Address 300 N 3RD AVE ST PETERSBURG FL 33701 US
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3. Date Incorporated or Qualified 07/08/1993		
4. FEI Number 59-3115614	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 300 Third Avenue North	2a. Mailing Address 28 300 Third Avenue North
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, Florida	City & State 28 St. Petersburg, Florida
Zip 24 33701	Country 25 Pinellas
Zip 29 33701	Country 30 Pinellas

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SCOTT, VIRGINIA J
 300 3RD AVE NORTH
 ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name VIRGINIA J. SCOTT		
82 Street Address (P.O. Box Number is Not Acceptable) 300 Third Avenue North		
83		
84 City St. Petersburg	85 State FL	86 Zip Code 33701

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 *Virginia J. Scott* DATE **2/27/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE TD	NAME WELLS, JEFFERSON	<input checked="" type="checkbox"/>
STREET ADDRESS 6315 CENTRAL AVENUE		
CITY-ST-ZIP ST PETERSBURG FL 33710		
TITLE D	NAME ALI, ABDUL K	<input type="checkbox"/>
STREET ADDRESS 4005 CORTEZ WAY SOUTH		
CITY-ST-ZIP ST PETERSBURG FL 33712		
TITLE D	NAME ESTROFF, MELVIN	<input type="checkbox"/>
STREET ADDRESS 5568 ESCONDIDA BLVD S		
CITY-ST-ZIP ST PETERSBURG FL		
TITLE D	NAME LOOMAS, WENDY	<input checked="" type="checkbox"/>
STREET ADDRESS 130 SE 19TH AVE		
CITY-ST-ZIP ST PETERSBURG FL		
TITLE CD	NAME PAYTON, PAULINE	<input checked="" type="checkbox"/>
STREET ADDRESS 1109 S 27TH AVE		
CITY-ST-ZIP ST PETERSBURG FL		
TITLE D	NAME MCCORD, BARBARA	<input checked="" type="checkbox"/>
STREET ADDRESS 501 N 47TH AVE		
CITY-ST-ZIP ST PETERSBURG FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE Officer	1.2 NAME Abdul Aziz	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS 5562 - 21st Way So. Apt. 2403			
1.4 CITY-ST-ZIP St. Petersburg Fla 33712			
2.1 TITLE	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE D	4.2 NAME Robin Becker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS 5292 Orange Blossom Lane			
4.4 CITY-ST-ZIP St. Petersburg Fla 33714			
5.1 TITLE D	5.2 NAME Carolyn Ferguson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS 421 - 38th St. South			
5.4 CITY-ST-ZIP St. Petersburg, Fla 33711			
6.1 TITLE D	6.2 NAME Rev. Curtiss Long	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS 1601 - 22nd Avenue South			
6.4 CITY-ST-ZIP St. Petersburg Fla. 33712			

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: *Abdul Aziz* DATE: **2/27/98**

CR2E037 (10/97)