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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003034 ✓
 1. Corporation Name
CONGREGATIONS UNITED FOR COMMUNITY ACTION, INC.

Principal Place of Business 300 THIRD AVENUE NORTH ST PETERSBURG FL 33701 US	Mailing Address 300 THIRD AVENUE NORTH ST PETERSBURG FL 33701 US
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2. Principal Place of Business 21 530 6th Ave. S. Suite, Apt. #, etc. 22 REAR City & State 23 St. Petersburg, FL Zip 24 33701 Country 25 US	2a. Mailing Address 26 530 6th Ave. S. Suite, Apt. #, etc. 27 REAR City & State 28 St. Petersburg, FL Zip 29 33701 Country 30 US	3. Date Incorporated or Qualified 07/08/1993	4. FEI Number 59-3115614 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent SCOTT, VIRGINIA J 300 THIRD AVENUE NORTH ST PETERSBURG FL 33701		10. Name and Address of New Registered Agent 81 Name DEBORAH F. SCANLAN 82 Street Address (P.O. Box Number is Not Acceptable) 530 6th Ave S. 83 REAR. 84 City St. Petersburg FL 85 Zip Code 33701			
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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 Deborah F. Scanlan 6/1/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME AZIZ, ABDUL	1.1 TITLE C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME KITTY RAWSON, KITTY
STREET ADDRESS 5582-21ST WAY ST, APT 2403	CITY-ST-ZIP ST PETERSBURG FL 33712	1.2 NAME	1.3 STREET ADDRESS 110 59th Ave S
TITLE D <input checked="" type="checkbox"/> DELETE	NAME ALI, ABDUL K	1.4 CITY-ST-ZIP St. Petersburg, FL 33705	2.1 TITLE C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4005 CORTEZ WAY SOUTH	CITY-ST-ZIP ST PETERSBURG FL 33712	2.2 NAME LONG, Rev. CURTIS	2.3 STREET ADDRESS 1601 22nd Ave S.
TITLE D <input checked="" type="checkbox"/> DELETE	NAME ESTROFF, MELVIN	2.4 CITY-ST-ZIP St. Petersburg, FL 33712	3.1 TITLE S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5566 ESCONDIDA BLVD S	CITY-ST-ZIP ST PETERSBURG FL	3.2 NAME SHARON MOORHEAD, SHARON	3.3 STREET ADDRESS 995 46th Ave. N.
TITLE D <input type="checkbox"/> DELETE	NAME BECKER, ROBIN	3.4 CITY-ST-ZIP St. Petersburg, FL 33703	4.1 TITLE S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5282 ORANGE BLOSSOM LANE	CITY-ST-ZIP ST PETERSBURG FL 33714	4.2 NAME	4.3 STREET ADDRESS
TITLE D <input checked="" type="checkbox"/> DELETE	NAME FERGUSON, CAROLYN	4.4 CITY-ST-ZIP	5.1 TITLE T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 421-38TH ST SOUTH	CITY-ST-ZIP ST PETERSBURG FL 33711	5.2 NAME VIRGINIA RYAN, VIRGINIA	5.3 STREET ADDRESS 716 GROVE ST. N.
TITLE D <input checked="" type="checkbox"/> DELETE	NAME LONG, REV CURTIS	5.4 CITY-ST-ZIP St. Petersburg, FL 33701	6.1 TITLE
STREET ADDRESS 1601-22ND AVENUE SOUTH	CITY-ST-ZIP ST PETERSBURG FL 33712	6.2 NAME	6.2 NAME
CITY-ST-ZIP ST PETERSBURG FL 33712		6.3 STREET ADDRESS	6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP	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)(l), 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, with all other like empowered.

SIGNATURE: Katherine F. Harris 6/1, 99 727.864.8873
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)