

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90020 017 \*\*\*\*70.00

**DOCUMENT # N93000003034**

1. Entity Name

**CONGREGATIONS UNITED FOR COMMUNITY ACTION, INC.**



Principal Place of Business

Mailing Address

530 6TH AVE SOUTH  
 REAR  
 ST PETERSBURG FL 33701  
 US

530 6TH AVE SOUTH  
 REAR  
 ST PETERSBURG FL 33701  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3115614**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANLAN, DEBORAH F**  
**530 6TH AVE SOUTH**  
**REAR**  
**ST PETERSBURG FL 33701**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **CD**  
**RAWSON, KITTY**  
 STREET ADDRESS **110 59TH AVE SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CD**  
**LONG, CURTIS REV**  
 STREET ADDRESS **1601 22ND AVE SOUTH**  
 CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD**  
**MOORHEAD, SHARON**  
 STREET ADDRESS **995 46TH AVE NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**BECKER, ROBIN**  
 STREET ADDRESS **5282 ORANGE BLOSSOM LANE**  
 CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD**  
**RYAN, VIRGINIA**  
 STREET ADDRESS **716 GROVE ST NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN P. RAWSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHRYN P. RAWSON**

8/11/00 (727) 894-1694

Date

Daytime Phone #

CR2E037 (5/00)