

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-0662282

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MIGLIS, GRANK	
STREET ADDRESS	1737 ARIZONA AVE. N.E.	
CITY - ST - ZIP	ST PETERSBURG, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROGERS, MAX	
STREET ADDRESS	436 - 15TH AVE N.E.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOORESIDE, ALICE	
STREET ADDRESS	1204 1ST ST. N.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	REEDER, JEANNE	
STREET ADDRESS	2650 WEST BAY ISLE DR. S.E.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, NELSON	
STREET ADDRESS	834 PLACIDO WAY N.E.	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ROGERS, MAX	
13 STREET ADDRESS	436 - 15TH AVE N.E.	
14 CITY - ST - ZIP	ST. PETERSBURG, FL 33704	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	REEDER, JEANNE	
23 STREET ADDRESS	2650 WEST BAY ISLE DR. S.E.	
24 CITY - ST - ZIP	ST. PETERSBURG, FL 33705	
31 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BRITT, GEORGIA	
33 STREET ADDRESS	245 - 13TH AVE N.E.	
34 CITY - ST - ZIP	ST. PETERSBURG, FL 33701	
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BURFORD, HELEN	
43 STREET ADDRESS	964 LOCUST ST. N.E.	
44 CITY - ST - ZIP	ST. PETERSBURG, FL 33701	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELEN BURFORD 3-10-96 (813) 821-5259

Date

Daytime Phone #

CR2E037 (12/95)