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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731806

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

02/06/1975

4. FEI Number

59-0662282

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**YOUNG, ED
860-29TH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME MIGLIS, FRANK
STREET ADDRESS 1737 ARIZONA AVE NE
CITY-ST-ZIP ST PETERSBURG, FL 00000 33703

TITLE VD ☒ DELETE
NAME REEDER, JEANNE
STREET ADDRESS 2650 W BAY ISLE DR, SE
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD ☒ DELETE
NAME PALMER, HENRY
STREET ADDRESS 2220 COFFEE POT BLVD
CITY-ST-ZIP ST PETERSBURG FL

TITLE ATD ☐ DELETE
NAME DEAN, GEORGIA
STREET ADDRESS 165 12TH AVENUE NE
CITY-ST-ZIP ST PETERSBURG FL

TITLE SD ☐ DELETE
NAME DRUYOR, GRACE
STREET ADDRESS 5600 1ST ST N #17
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME ROGERS, MAX
1.3 STREET ADDRESS 436 15th AVE. N.E.
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33704

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME DONELSON, DOROTHY
2.3 STREET ADDRESS 5216 35th TERRACE N.
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME DEAN, GEORGIA
3.3 STREET ADDRESS 165 12th AVENUE N.E.
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701

4.1 TITLE ATD ☒ Change ☒ Addition
4.2 NAME YOUNG, EDWIN
4.3 STREET ADDRESS 860 - 29th AVENUE N.
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33704

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Max F. Rogers 3/22/99

CR2E037 (1/98)