

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 13 AM 9:31

DOCUMENT # 738372 (2)

1. Corporation Name  
**TRINITY UNITED PRESBYTERIAN CHURCH, ST. PETERSBU  
RG. FLORIDA, INC.**

Principal Place of Business Mailing Address  
2830-22ND AVE.S. ST. PETERSBURG FL 33712 2830-22ND AVE.S. ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/16/1977</b>	3a. Date of Last Report <b>04/07/1994</b>
4. FEI Number <b>59-2549045</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**CUMMINGS, JOSEPH D  
3598 28TH AVE S  
ST. PETERSBURG FL 33711**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Joseph D. Cummings* *Joseph D. Cummings* *June 1, 1995*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>CUMMINGS, JOSEPH</b>
STREET ADDRESS	<b>3598 28TH AVE S</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>V</b>
NAME	<b>BROWN, MISHELL</b>
STREET ADDRESS	<b>1919 14TH AVENUE SOUTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b>
NAME	<b>FERGUSON, RALPH</b>
STREET ADDRESS	<b>421 38TH STREET SOUTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG, FL 0</b>
TITLE	<b>S</b>
NAME	<b>ELOISE THOMPSON</b>
STREET ADDRESS	<b>2651 MIRANDA WAY SO.</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33712</b>
TITLE	<b>T</b>
NAME	<b>POWERS, CHRISTINE</b>
STREET ADDRESS	<b>3925 41ST STREET SOUTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b>
NAME	<b>CRENSHAW, CHERYL</b>
STREET ADDRESS	<b>331 65TH AVENUE SOUTH</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eloise Thompson* *June 1, 1995*  
Signature, typed or printed name of signing officer or director (Typed Name #)