

FILE NOW: FILING FEE IS \$61.25

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Jul 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738372 (2)

1. Corporation Name
TRINITY UNITED PRESBYTERIAN CHURCH, ST. PETERSBURG, FLORIDA, INC.



Principal Place of Business 2830-22ND AVE. S. ST. PETERSBURG FL 33712	Mailing Address 2830-22ND AVE. S. ST. PETERSBURG FL 33712
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3. Date Incorporated or Qualified 03/16/1977		
4. FEI Number 59-2549045	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CUMMINGS, JOSEPH D
3508 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 FL	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: *Joseph D Cummings* DATE: **7-12-98**

Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	CUMMINGS, JOSEPH
STREET ADDRESS	3508 28TH AVE S
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BROWN, MISHELL
STREET ADDRESS	1919 14TH AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FERGUSON, RALPH
STREET ADDRESS	421 38TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 0
TITLE	S <input type="checkbox"/> DELETE
NAME	ELOISE THOMPSON
STREET ADDRESS	2851 MIRANDA WAY SO.
CITY-ST-ZIP	ST. PETERSBURG FL 33712
TITLE	T <input type="checkbox"/> DELETE
NAME	POWERS, CHRISTINE
STREET ADDRESS	3025 41ST STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ORENSHAW, CHERYL
STREET ADDRESS	331 55TH AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL

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	

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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.

SIGNATURE: *Cynthia M. Harris / Clerk* DATE: **7/13/98**

CR2E037 (10/97)