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May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 738372

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

4 9 6 3 9 4 - 9 0 2 1 3 - 7 4 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/16/1977	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2549045	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUMMINGS, JOSEPH D 3598 28TH AVE S ST. PETERSBURG FL 33711				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: *Joseph D Cummings* Error (See Block 14) DATE: *April 27, 1999*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, JOSEPH	1.2 NAME	
STREET ADDRESS	3598 28TH AVE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MISHELL	2.2 NAME	
STREET ADDRESS	1919 14TH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, RALPH	3.2 NAME	
STREET ADDRESS	421 38TH STREET SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 0	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELOISE THOMPSON	4.2 NAME	
STREET ADDRESS	2651 MIRANDA WAY SO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, CHRISTINE	5.2 NAME	
STREET ADDRESS	3925 41ST STREET SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRENSHAW, CHERYL	6.2 NAME	
STREET ADDRESS	331 55TH AVENUE SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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: *Joseph D Cummings* Date: *Apr. 27, 1999 (722)* 867-3900

CR2E037 (1/98)