

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

DOCUMENT # N25278 (5)

1. Corporation Name

SOUTHEAST DISTRICT OF THE UNIVERSAL FELLOWSHIP OF  
METROPOLITAN COMMUNITY CHURCHES, INC.

Principal Place of Business

Mailing Address

3000 34TH ST. SOUTH  
104B  
ST. PETERSBURG FL 33711  
US

P.O. BOX 12768  
ST. PETERSBURG FL 33733



3. Date Incorporated or Qualified

03/08/1988

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVENPORT, REV. JUDY K.  
4904 38TH WAY SOUTH  
STE 113  
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

Rev. Judy K. Davenport - District Coordinator

Jan. 17, 1996

Signature, typed or printed name of registered agent and title in parentheses

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVENPORT, REV. JUDY K.	
STREET ADDRESS	4904 38TH WAY SO STE 113	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEANE, REV. LINDA L.	
STREET ADDRESS	123 SUNSET DR	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOLLER, BARBARA	
STREET ADDRESS	4898 N.W. 29TH CT. #310	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUBBERLY, BARBARA	
STREET ADDRESS	2979 GREEN ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Asst. District Coordinator <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rev. Teena Carpenter
2.3 STREET ADDRESS	3150 5th Ave North
2.4 CITY-ST-ZIP	St. Petersburg, FL 33713
3.1 TITLE	District Clerk <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andy Cordero
3.3 STREET ADDRESS	300 S. Florida Ave, #600L
3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	300001738143
5.3 STREET ADDRESS	-03/11/96--01006--012
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rev. Judy K. Davenport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17, 1996 (813) 865-0863

DATE

Daytime Phone #

CR2E037 (12/95)