


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33733-2768**



3. Date Incorporated or Qualified  
**03/08/1988**

3a. Date of Last Report  
**03/08/1996**

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

4. FEI Number

**59-3165072**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **DAVENPORT, REV. JUDY K.**  
STREET ADDRESS **4904 38TH WAY SO STE 113**  
CITY-ST-ZIP **ST. PETERSBURG FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CARPENTER, TEENA REV**  
STREET ADDRESS **3150 5TH AVE NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **CORDERO, ANDY**  
STREET ADDRESS **300 S. FLORIDA AVE, #600D**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **DUBBERLY, BARBARA**  
STREET ADDRESS **2979 GREEN ST.**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D BOB EWART**  
4.3 STREET ADDRESS **455 N.W. 10TH ST.**  
4.4 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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*

*3/27/97*

CR2E037 (9/96)