

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 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 # 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 P.O. BOX 12768
104B ST. PETERSBURG FL 33733
US

2. Principal Place of Business	2a. Mailing Address
21 4464 Central Ave.	26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 City & State
23 City & State	28 City & State
24 St. Petersburg, FL	29 Zip
25 Zip	30 Country
26 33711	27 USA

3. Date Incorporated or Qualified	03/08/1988
4. FEI Number	59-3165072
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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVENPORT, REV. JUDY K.	
STREET ADDRESS	4904 38TH WAY SO STE 113	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, TEENA REV	
STREET ADDRESS	3150 5TH AVE NORTH	
CITY-STATE-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORDERO, ANDY	
STREET ADDRESS	300 S. FLORIDA AVE, #600D	
CITY-STATE-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EWART, BOB	
STREET ADDRESS	455 N.W. 10TH ST.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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-STATE-ZIP	
2.1 TITLE	Asst. Dist. Coordinator <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rev. Marilyn Marr
2.3 STREET ADDRESS	415 N. Alcaniz, FL 32501
2.4 CITY-STATE-ZIP	Pensacola, FL 32501
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1215 McMullen Booth Rd.
3.4 CITY-STATE-ZIP	Clearwater, FL 33759
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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.

SIGNATURE:

Robert Ewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/98 954-462-2004
Date Daytime Phone #

CR2E037 (5/98)