

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90085 012 \*\*\*\*61.25

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**DOCUMENT # N25278**

1. Corporation Name

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

Principal Place of Business

**4464 CENTRAL AVE  
ST. PETERSBURG FL 33711  
US**

Mailing Address

**P.O. BOX 12768  
ST. PETERSBURG FL 33733**

103204 90085 12 4 \*



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

24

25

29

30

9. Name and Address of Current Registered Agent

**DAVENPORT, REV. JUDY K.  
4904 38TH WAY SOUTH  
STE 113  
ST. PETERSBURG FL 33711**

3. Date Incorporated or Qualified

**03/08/1988**

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

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

TITLE **AC** ☐ DELETE  
NAME **MARR, MARILYN REV**  
STREET ADDRESS **415 N ALCONIZ**  
CITY-ST-ZIP **PENSACOLA FL 33713**

TITLE **D** ☒ DELETE  
NAME **CORDERO, ANDY**  
STREET ADDRESS **1215 MCMULLEN BOOTH RD**  
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **D** ☐ DELETE  
NAME **EWART, BOB**  
STREET ADDRESS **455 N.W. 10TH ST.**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

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

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

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**D/C** ☒ Change ☐ Addition

**D** ☒ Change ☐ Addition

**D/S** ☐ Change ☒ Addition

**CANNING, BARBARA  
531 SW 80th DRIVE  
GAINESVILLE, FL 32607** ☒ Change ☐ Addition

**D/T** ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1/4/99 (727) 323-3997