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**Feb 23, 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 # N25278**

1. Corporation Name

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

103204 90085 12

Principal Place of Business

4464 CENTRAL AVE  
 ST. PETERSBURG FL 33711  
 US

Mailing Address

P.O. BOX 12768  
 ST. PETERSBURG FL 33733



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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

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  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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

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

3.1 TITLE D/S  Change  Addition  
 3.2 NAME CANNING, BARBARA  
 3.3 STREET ADDRESS 531 SW 80th DRIVE  
 3.4 CITY-ST-ZIP GAINESVILLE, FL 32607

4.1 TITLE D/T  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

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

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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:

*Bob Ewart*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (727) 323-3997  
 Date Daytime Phone #

CR2E037 (11/98)