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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003034 (6)

1. Corporation Name

CONGREGATIONS UNITED FOR COMMUNITY ACTION, INC.



Principal Place of Business

Mailing Address

300 3RD AVE N
ST PETERSBURG FL 33701
US

300 N 3RD AVE
ST PETERSBURG FL 33701-3821
US

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

3. Date Incorporated or Qualified
07/08/1993

3a. Date of Last Report
09/30/1996

4. FEI Number
59-3115614

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

10. Name and Address of New Registered Agent

BARRENS, JIM
300 N 3RD AVE
ST PETERSBURG FL 33701

81 Name Virginia J. Scott
82 Street Address P.O. Box Number is Not Acceptable
300 - 3rd Ave. North
83
84 City St. Petersburg FL 85 Zip Code 33701

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 Virginia J. Scott Interim Lead Organizer

4/30/97

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 TO
NAME WELLS, JEFFERSON
STREET ADDRESS 6315 CENTRAL AVENUE
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE D
NAME ALI, ABDUL K
STREET ADDRESS 4005 CORTEZ WAY SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE D
NAME ESTROFF, MELVIN
STREET ADDRESS 5566 ESCONDIDA BLVD S
CITY-ST-ZIP ST PETERSBURG FL

TITLE D
NAME LOOMAS, WENDY
STREET ADDRESS 130 SE 19TH AVE
CITY-ST-ZIP ST PETERSBURG FL

TITLE CD
NAME PAYTON, PAULINE
STREET ADDRESS 1109 S 27TH AVE
CITY-ST-ZIP ST PETERSBURG FL

TITLE D
NAME MCCORD, BARBARA
STREET ADDRESS 501 N 47TH AVE
CITY-ST-ZIP ST PETERSBURG FL

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

14. I do 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:

Virginia J. Scott

4/30/97 813-894-1694

CR2E037 (9/96)