

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003034 (6)**

1. Corporation Name

**CONGREGATIONS UNITED FOR COMMUNITY ACTION, INC.**



Principal Place of Business <b>300 3RD AVE N ST PETERSBURG FL 33701 US</b>	Mailing Address <b>300 N 3RD AVE ST PETERSBURG FL 33701 US</b>
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2. Principal Place of Business <b>21 300 Third Avenue North</b> Suite, Apt. #, etc.	2a. Mailing Address <b>28 300 Third Avenue North</b> Suite, Apt. #, etc.
City & State <b>23 St. Petersburg, Florida</b>	City & State <b>28 St. Petersburg, Florida</b>
Zip <b>24 33701</b>	Country <b>25 Pinellas</b>
Zip <b>29 33701</b>	Country <b>30 Pinellas</b>

3. Date Incorporated or Qualified <b>07/08/1993</b>
4. FEI Number <b>593115614</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 <b>SCOTT, VIRGINIA J 300 3RD AVE NORTH ST PETERSBURG FL 33701</b>
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10. Name and Address of New Registered Agent <b>81 Name VIRGINIA J. SCOTT 82 Street Address (P.O. Box Number is Not Acceptable) 300 Third Avenue North 83 84 City St. Petersburg FL 85 Zip Code 33701</b>
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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* **2/27/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WELLS, JEFFERSON</b>
STREET ADDRESS	<b>6315 CENTRAL AVENUE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ALI, ABDUL K</b>
STREET ADDRESS	<b>4005 CORTEZ WAY SOUTH</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33712</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ESTROFF, MELVIN</b>
STREET ADDRESS	<b>5566 ESCONDIDA BLVD S</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LOOMAS, WENDY</b>
STREET ADDRESS	<b>130 SE 19TH AVE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PAYTON, PAULINE</b>
STREET ADDRESS	<b>1109 S 27TH AVE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCCORD, BARBARA</b>
STREET ADDRESS	<b>501 N 47TH AVE</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Officer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Abdul Aziz</b>
1.3 STREET ADDRESS	<b>5562 - 21st Way So. Apt. 2403</b>
1.4 CITY-ST-ZIP	<b>St. Petersburg Fla 33712</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Robin Becker</b>
4.3 STREET ADDRESS	<b>5292 Orange Blossom Lane</b>
4.4 CITY-ST-ZIP	<b>St. Petersburg Fla 33714</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Carolyn Ferguson</b>
5.3 STREET ADDRESS	<b>421 - 38th St. South</b>
5.4 CITY-ST-ZIP	<b>St. Petersburg, Fla 33711</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Rev. Curtis Long</b>
6.3 STREET ADDRESS	<b>1601 - 22nd Avenue South</b>
6.4 CITY-ST-ZIP	<b>St. Petersburg Fla. 33712</b>

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: *Abdul Aziz* **2/27/98**

CR2E037 (10/97)