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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000003034

1. Corporation Name

CONGREGATIONS UNITED FOR COMMUNITY ACTION, INC.

Principal Place of Business

300 THIRD AVENUE NORTH
ST PETERSBURG FL 33701
US

Mailing Address

300 THIRD AVENUE NORTH
ST PETERSBURG FL 33701
US



2. Principal Place of Business

21 **530 6th Ave. S.**

Suite, Apt. #, etc.

22 **REAR**

City & State

23 **St. Petersburg, FL**

Zip

24 **33701**

Country

25 **US**

2a. Mailing Address

26 **530 6th Ave. S.**

Suite, Apt. #, etc.

27 **REAR**

City & State

28 **St. Petersburg, FL**

Zip

29 **33701**

Country

30 **US**

3. Date Incorporated or Qualified

07/08/1993

4. FEI Number

59-3115614

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

DEBORAH F. SCANLAN

82 Street Address (P.O. Box Number is Not Acceptable)

530 6th Ave S.

83

REAR.

84 City

St. Petersburg

FL

85 Zip Code

33701

9. Name and Address of Current Registered Agent

SCOTT, VIRGINIA J

300 THIRD AVENUE NORTH
ST PETERSBURG FL 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

Deborah F. Scanlan

6/1/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **AZIZ, ABDUL**

STREET ADDRESS **5582-21ST WAY ST, APT 2403**

CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **D** ☒ DELETE

NAME **ALI, ABDUL K**

STREET ADDRESS **4005 CORTEZ WAY SOUTH**

CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **D** ☒ DELETE

NAME **ESTROFF, MELVIN**

STREET ADDRESS **5566 ESCONDIDA BLVD S**

CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **BECKER, ROBIN**

STREET ADDRESS **5282 ORANGE BLOSSOM LANE**

CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE **D** ☒ DELETE

NAME **FERGUSON, CAROLYN**

STREET ADDRESS **421-38TH ST SOUTH**

CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **D** ☒ DELETE

NAME **LONG, REV CURTIS**

STREET ADDRESS **1601-22ND AVENUE SOUTH**

CITY-ST-ZIP **ST PETERSBURG FL 33712**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

C/D

☐ Change

☒ Addition

1.2 NAME

KITTY RAWSON, KITTY

1.3 STREET ADDRESS

110 59th Ave S

1.4 CITY-ST-ZIP

St. Petersburg, FL 33705

2.1 TITLE

C/D

☐ Change

☒ Addition

2.2 NAME

LONG, REV. CURTIS

2.3 STREET ADDRESS

1601 22nd Ave S.

2.4 CITY-ST-ZIP

St. Petersburg, FL 33712

3.1 TITLE

S/D

☐ Change

☒ Addition

3.2 NAME

SHARON MOORHEAD, SHARON

3.3 STREET ADDRESS

915 46th Ave. N.

3.4 CITY-ST-ZIP

St. Petersburg, FL 33703

4.1 TITLE

S/D

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

T/D

☐ Change

☒ Addition

5.2 NAME

VIRGINIA RYAN, VIRGINIA

5.3 STREET ADDRESS

716 GROVE ST. N.

5.4 CITY-ST-ZIP

St. Petersburg, FL 33701

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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)(l), 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: **KATHERINE HARRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.1.99

DATE

727.864.8873

DAYTIME PHONE #

CR2E037 (11/98)