

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003034

1. Entity Name

CONGREGATIONS UNITED FOR COMMUNITY ACTION, INC.



FILED

Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90020 017 ****70.00

Principal Place of Business

530 6TH AVE SOUTH
REAR
ST PETERSBURG FL 33701
US

Mailing Address

530 6TH AVE SOUTH
REAR
ST PETERSBURG FL 33701
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3115614

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCANLAN, DEBORAH F
530 6TH AVE SOUTH
REAR
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
RAWSON, KITTY
110 59TH AVE SOUTH
SAINT PETERSBURG FL 33705 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
LONG, CURTIS REV
1601 22ND AVE SOUTH
ST PETERSBURG FL 33712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MOORHEAD, SHARON
995 46TH AVE NORTH
SAINT PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BECKER, ROBIN
5282 ORANGE BLOSSOM LANE
ST PETERSBURG FL 33714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RYAN, VIRGINIA
716 GROVE ST NORTH
SAINT PETERSBURG FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KATHRYN P. RAWSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN P. RAWSON

8/11/00 (727) 894-1694

Date

Daytime Phone #

CR2E037 (5/00)