


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90029 028 \*\*\*\*70.00

DOCUMENT # N93000003034	
1. Entity Name CONGREGATIONS UNITED FOR COMMUNITY ACTION, INC.	

Principal Place of Business 4401 14TH STREET N.E. ST PETERSBURG, FL 33703 US	Mailing Address P.O. BOX 3111 ST. PETERSBURG, FL 33731
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30063323



08232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3115614	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SCANLAN, DEBORAH F 4401 14TH STREET N.E. ST PETERSBURG, FL 33703
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LONG, CURTIS REV. 1601 22ND AVENUE SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORGENSTEIN, HARVEY 9525 BIND PASS ROAD ST PETERSBURG, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORHEAD, SHARON 995 46TH AVE NORTH SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCANLAN, DEBORAH 4401 14TH STREET N.E. ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWSON, KITTY 110 59TH AVENUE SOUTH SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/05

Date

Daytime Phone #