


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2006 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCANLAN, DEBORAH F 4401 14TH STREET N.E. ST PETERSBURG, FL 33703		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	CD	
NAME	LONG, CURTIS REV.	
STREET ADDRESS	1601 22ND AVENUE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE	CD	
NAME	MORGENSTEIN, HARVEY	
STREET ADDRESS	9525 BIND PASS ROAD	
CITY-ST-ZIP	ST PETERSBURG, FL 33706	
TITLE	SD	
NAME	MOORHEAD, SHARON	
STREET ADDRESS	995 46TH AVE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	TD	
NAME	SCANLAN, DEBORAH	
STREET ADDRESS	4401 14TH STREET N.E.	
CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE	D	
NAME	RAWSON, KITTY	
STREET ADDRESS	110 59TH AVENUE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Deborah F Scanlan</u>		Date: <u>8/29/06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



08292006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3115614

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

000000575687
08/30/06-80005-009 70.00