

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004580 (7)

1. Corporation Name

**FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST OF
ST. PETERSBURG, INCORPORATED**



Principal Place of Business

Mailing Address

**240 4TH ST. NORTH
ST. PETERSBURG FL 33701**

**222 EAST WELBOURNE AVE
WINTER PARK FL 32789
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/01/1993

3a. Date of Last Report
06/30/1995

4. FEI Number
59-0624385

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**BURNS, CHARLES K
222 EAST WELBOURNE AVE
WINTER PARK FL 32789**

81

Name

WILLIAM C. TUCK

82

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

222 EAST WELBOURNE AVENUE

83

84

City

WINTER PARK

FL

85 Zip Code
32789

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

William C. Tuck *William C. Tuck*

March 4, 1996

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
SOUERS, SANFORD**
STREET ADDRESS **431 UNIVERSITY BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **T
ROMIG, LARRY G**
STREET ADDRESS **8029 18TH AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE

NAME **VD
MILLER, ARNOLD**
STREET ADDRESS **7082 N.W. 3RD AVENUE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **SD
ATCHISON, JAMES**
STREET ADDRESS **1960 N SWINTON AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **M
BURNS, CHARLES K**
STREET ADDRESS **222 E. WELBOURNE AVENUE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

WILLIAM C. TUCK *William C. Tuck*

MARCH 4, 1996 407/645-5458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
INTERIM CONFERENCE MINISTER

Date

Daytime Phone #

CR2E037 (12/95)