

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004580 (7)**

1. Corporation Name

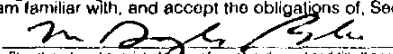
**FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST OF
ST. PETERSBURG, INCORPORATED**



Principal Place of Business 240 4TH ST. NORTH ST. PETERSBURG FL 33701		Mailing Address 222 EAST WELBOURNE AVE WINTER PARK FL 32789 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
3. Date Incorporated or Qualified 10/01/1993		4. FEI Number 59-0624385	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TUCKER, WILLIAM C. 222 EAST WELBOURNE AVE WINTER PARK FL 32789		10. Name and Address of New Registered Agent 81 Name Dr. M. Douglas Borko 82 Street Address (P.O. Box Number Is Not Acceptable) 222 East Welbourne Avenue 83 84 City Winter Park FL 85 Zip Code 32789	
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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  **M. Douglas Borko, Conference Minister** 1/27/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM C. TUCKER	1.2 NAME	Marcella Freeze
STREET ADDRESS	2501 N.W. 30TH ST	1.3 STREET ADDRESS	512 Teagarden Court
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMIG, LARRY G	2.2 NAME	
STREET ADDRESS	8029 18TH AVENUE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ARNOLD	3.2 NAME	
STREET ADDRESS	7082 N.W. 3RD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHISON, JAMES	4.2 NAME	
STREET ADDRESS	1980 N SWINTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, WILLIAM C.	5.2 NAME	Borko, M. Douglas
STREET ADDRESS	222 E. WELBOURNE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:  **M. Douglas Borko** 1/27/98 407/645-5458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 407/645-5458

CP2E037 (10/97)