

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 038 *****70.00

DOCUMENT # N93000004580					
1. Entity 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 924 N MAGNOLIA AVE STE 250 ORLANDO, FL 32803 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0624385	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICHARD, C. JACK 924 N MAGNOLIA AVE STE 250 ORLANDO, FL 32803			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. 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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MARX, DONALD W STREET ADDRESS 9008 SOUTHWEST 152ND STREET CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Kim Wells STREET ADDRESS 2601 - 54th Avenue S. CITY-ST-ZIP St. Petersburg, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME FELDMAN, JUDY STREET ADDRESS 13085 ORTEGA LANE CITY-ST-ZIP MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Charlayne Thompkins STREET ADDRESS 20001 NW 63rd Avenue CITY-ST-ZIP Hialeah, FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME LAUCKS, BARBARA STREET ADDRESS 3115 HOPE STREET CITY-ST-ZIP SEBRING, FL 33875	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Gary Brewer STREET ADDRESS 1250 S. Denning Drive #112 CITY-ST-ZIP Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME WHITE, RONALD STREET ADDRESS 2700 NORTH A1A #1205 CITY-ST-ZIP FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Donald White STREET ADDRESS 2700 North A1A #1205 CITY-ST-ZIP Fort Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE M NAME RICHARDS, C. JACK STREET ADDRESS 924 N MAGNOLIA AVE STE 250 CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>C. Jack Richards</u> C. Jack Richards 1/31/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					