FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N9300005482 (5)

DOCUMENT #	N9300005482			
UNITY-PROGRESSIV	E PRAYER CENTER INC			

rillioparriace	ar Flace of Business Mailing Address			. 100 ten are teres berte abite beite bette abite abite bille bille iffell file		
P.O. BOX 61673 P.O. BOX 61673 ST. PETERSBURG FL 33784-1673 ST. PETERSBURG FL 33784-1673						
					3. Date Incorporated or Qualified 11/15/1993	3a. Date of Last Report 01/30/1995
	Nace of Business	2a. Mailing Address			4. FEI Number	Applied For
	150th Ave	26 Same			59-3152040	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$9.75 Additional
22 City 8 Ct-4		27			5. Certificate of Status Desired	Fee Required
City & State Madei		City & State			6. Election Campaign Financing	\$5.00 May Be
	ira Beach FL	28			Trust Fund Contribution	Added to Fees
Zp 24 33708	Country 25	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,	
24 33700	8-2007 25 9. Name and Address of Curren	29	30		Florida Statutes Yes No	
	9. Name and Address of Curren	t Hegistered Agent			10. Name and Address of New Re	gistered Agent
=: 000			81	Name		
	RICHARD B		82	Street Addi	ress (P.O. Box Number is Not Acceptable	
	TH AVENUE NORTH		LL		,	,
ST. PETI	ERSBURG FL 33713		83			
			84	City		
			1 1	•		FL 85 Zip Code
	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid ith, and accept the obligations of, Section ith, and accept the obligations of Section to the provisions of the provision of			med corpor ration's boar	ration submits this statement for the purps rd of directors. I hereby accept the appoir	ose of changing its registered office atment as registered agent. I am
	Signature typed or printed name of nagistered age it a		OTE Registered Agent s	signature require		ĐVI E
12.	OFFICERS AND	DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1 1 TITLE			Change Addition
NAME	TAFELSKI, JUDITH		1.2 NAME			-
STREET ADDRESS	303 6TH AVENUE		1.3 STREET AL	ODRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34	635	1 4 CITY - ST -	ZIP		
TITLE	DS	DELETE	2 1 TITLE			☐ Change ☐ Addition
NAME	Morris, Karen		22 NAME			_ • =
STREET ADDRESS	30 1/2 B 82ND AVE.		2 3 STREET AD	ODRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		2 4 CITY-ST-			
TITLE	DT	DELETE	3 1 TITLE	·		Change Addition
NAME	THOMAS, MARILYN		3 2 NAME			Ci suende Ci vasuren
STREET ADDRESS	14 DAVENPORT AVE. NE		3 3 STREET AD	IORESS		
CITY-ST-ZIF	ST. PETERSBURG FL 33703		3.4. CITY - ST-]		
TITLE	D	DELETE	4 1 TITLE	211		☐ Change ☐ Addition
NAME	ELROD, R B		4 2 NAME			
STREET ADDRESS	3890 24TH AVE. NO.		4 3 STREET AD	ingree		
CITY-SY-ZIP	ST. PETERSBURG FL 33713					
TITLE	D	DELETE	44 CITY-ST-ZIP 51 TITLE		D	Change Addition
NAME	VANHOLTE, KATARINE	7	5 2 NAME		=	☐ Change ☐ Addition
STREET ADDRESS	121 6TH AVE. NO.		5.3 STREET AD	onree	Marsha Jackson	= .
CITY - ST - ZIP	ST. PETERSBURG FL 33701				6908 Stones Throw	Cir N #10201
TITLE	01.1212100011012 00:01	DELETE	5.4 CHY+ST-Z	ZIP	St. petersburg FL	
NAME						☐ Change ☐ Addit-on
STREET ADDRESS			62 NAME			
CITY-ST-ZIP			6 3 STREET AD			
	v certify that the information supplied w	ith thin filing is valuntarily from	6 4 CITY-ST Z	/(P	or the exemption stated in Section 119.07	
oath; that I		ation or the receiver or trustee	uai report is true a e empowered to a		ie and that my signature shall have the sar s report as required by Chapter 617, Floric	

CR2E037 (12/95)