

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000005482 (5)**

1. Corporation Name

UNITY-PROGRESSIVE PRAYER CENTER, INC.



Principal Place of Business

Mailing Address

P.O. BOX 61673
ST. PETERSBURG FL 33784-1673

P.O. BOX 61673
ST. PETERSBURG FL 33784-1673

2. Principal Place of Business

2a. Mailing Address

21 **205 150 Avenue**

26 **205 150 Avenue**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Madeira Beach, FL

28 City & State

Madeira Beach, FL

24 Zip

33708-2007

25 Country

USA

29 Zip

33708-2007

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELROD, RICHARD B
3890 24TH AVENUE NORTH
ST. PETERSBURG FL 33713**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **TAFELSKI, JUDITH**
STREET ADDRESS **303 6TH AVENUE**
CITY - ST - ZIP **INDIAN ROCKS BEACH FL 34635**

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Marcia W. Jackson**
1.3 STREET ADDRESS **6708 Stones Throw Circle N. #10201**
1.4 CITY - ST - ZIP **St. Petersburg, FL 33710**

TITLE **DS** ☐ DELETE
NAME **MORRIS, KAREN**
STREET ADDRESS **30 1/2 B 82ND AVE.**
CITY - ST - ZIP **TREASURE ISLAND FL**

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

TITLE **DT** ☐ DELETE
NAME **THOMAS, MARILYN**
STREET ADDRESS **14 DAVENPORT AVE. NE**
CITY - ST - ZIP **ST. PETERSBURG FL 33703**

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

TITLE **D** ☐ DELETE
NAME **ELROD, R B**
STREET ADDRESS **3890 24TH AVE. NO.**
CITY - ST - ZIP **ST. PETERSBURG FL 33713**

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

TITLE **D** ☒ DELETE
NAME **VANHOLTE, KATARINE**
STREET ADDRESS **121 6TH AVE. NO.**
CITY - ST - ZIP **ST. PETERSBURG FL 33701**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (3/96)