


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90062 044 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001733					
1. Corporation Name UPPER PINELLAS INTERFAITH VOLUNTEER CAREGIVERS, INC.					
Principal Place of Business 5 PATRICIA AVE. DUNEDIN FL 34698			Mailing Address 5 PATRICIA AVE. DUNEDIN FL 34698		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/05/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3248081	
24 Country		29 Country		30	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAREY, JOSEPH G 5 PATRICIA AVE. DUNEDIN FL 34698				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BREINER, ROBERT A			1.2 NAME	Dr. Patricia K. Sovonick		
STREET ADDRESS	2784 CHALLENGER DR			1.3 STREET ADDRESS	66 Jasper Street East		
CITY-ST-ZIP	PALM HARBOR FL			1.4 CITY-ST-ZIP	Largo, FL 33770		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SOVONICK, PATRICIA K			2.2 NAME	Joseph G. Carey		
STREET ADDRESS	10225 ULMERTON RD			2.3 STREET ADDRESS	5 Patricia Ave.		
CITY-ST-ZIP	LARGO FL 34641			2.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CAREY, JOSEPH G			3.2 NAME	Frank Blainey		
STREET ADDRESS	1549 LAKESIDE DR			3.3 STREET ADDRESS	2625 Colony Drive		
CITY-ST-ZIP	DUNEDIN FL			3.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JR GERALD K			4.2 NAME	Travis Finchum		
STREET ADDRESS	1100 CURLEW RD #220			4.3 STREET ADDRESS	1095 Mary Jane Lane		
CITY-ST-ZIP	DUNEDIN FL 34698			4.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

3/11/99 (727)559-0915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)