


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000007166</b> 1. Entity Name <b>UNITED COMMUNITY CHURCH OF ST. PETERSBURG, INC.</b>	
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Principal Place of Business <b>1036 BURLINGTON AVE NORTH SAINT PETERSBURG, FL 33701</b>	Mailing Address <b>6791 COLONY DR. SOUTH ST PETERSBURG, FL 33705</b>
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3608109</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WILSON, WAYNE E  
6791 COLONY DR. SOUTH  
ST PETERSBURG, FL 33705**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, WAYNE E 6791 COLONY DR. SOUTH ST PETERSBURG, FL 33705
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, GREGORY K 711 W PENINSULAR ST. TAMPA, FL 33603
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, LAKISHA 1640 SCRANTON ST SOUTH ST PETERSBURG, FL 33711
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/11/05-80021-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rev. Dr. Wayne E. Wilson*

01/05/05 (727) 867-1022

Date

Daytime Phone #