2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # 734105 1. Entity Name UNIVERSITY EVANGELICAL LUTHERAN CHURCH, INCORPORATED						•			-	041 ****	
Principal Place of Business Mailing Address 1826 WEST UNIVERSITY AVENUE 1826 WEST UNIVERSITY A GAINESVILLE, FL 32603 GAINESVILLE, FL 32603				IUE							
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			,	03262004	Chg-NF	•	CR2E	037 (10/03)	
City & State		City & State				4. FEI Numbe 59-109					Applied For
Zip	Country	Zip	Co	Country		5. Certificate	of Status [esired		\$8.75 Ac	dditional
T- T	6. Name and Address of Current	Hegistered Agent	<u> </u>			7. Name and	Address	of New Re	glstered	Agent	
COLLINS,	MICHAEL L REV DR			Name							
13708 SW 1 LANE NEWBERRY, FL 32669				Street A	ddress (F	P.O. Box Numbe	er is Not Ac	ceptable)			
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				City					F	_	
	named entity submits this statement fi tions of registered agent.	or the purpose of changing	ts registe	red office o	r register	ed agent, or bot	h, in the St	ate of Flor	ida. Lan	n familiar with	a, and accept
SIGNATURE (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Register	ed Agent signal	lure required	when reinstating)			DATE		an and on the second
adrid to a	Signature, typed or printed name of registered agen	9. Election C	ampaign	Financing		when reinstating) \$5.00 May B Added to Fees				ck payable	
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indicated on this report or supplied with this limits does not qualify for the exemption stated in 30/13/(0, 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 cath; 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

04-07-04

Daytime Phone #