

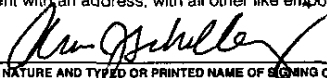


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90267 041 ****61.25

DOCUMENT # 734105					
1. Entity Name UNIVERSITY EVANGELICAL LUTHERAN CHURCH, INCORPORATED					
Principal Place of Business 1826 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32603		Mailing Address 1826 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32603			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03262004 Chg-NP CR2E037 (10/03)	
				4. FEI Number 59-1091078	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, MICHAEL L REV DR 13708 SW 1 LANE NEWBERRY, FL 32669			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLING, ALVIN		NAME		
STREET ADDRESS	8032 SW 51 LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHESON, CHARLES		NAME	Howard Ladewig	
STREET ADDRESS	4009 NW 67 PLACE		STREET ADDRESS	3838 SW 78 ST	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALA, VIBEKE		NAME	Elmer W. Schirmer	
STREET ADDRESS	3432 NW 11 AVE		STREET ADDRESS	214 Turkey Creek	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E VANS, CARY		NAME	Christy Steinway Rodkin	
STREET ADDRESS	4400 SW 20 AVE LOT 182		STREET ADDRESS	1141 NW 101 DR	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: 			04-07-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		