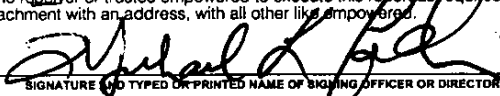


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90074 020 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1091078	
Zip		Country		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		
			State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLING, ALVIN		NAME	Ray Goldwire	
STREET ADDRESS	8032 SW 51 LANE		STREET ADDRESS	5000 SW 25 BLVD #2119	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville FL 32608	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOAN		NAME	Jim Janke	
STREET ADDRESS	1137 NW 107TH TERR		STREET ADDRESS	5000 SW 25 Blvd #1220	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	Gainesville FL 32608	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	\$	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LING, LAURA		NAME	Mark Johnson	
STREET ADDRESS	1505 FT CLARKE BLVD		STREET ADDRESS	4913 NW 21 St	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	Gainesville FL 32605	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROBE, JUSTIN		NAME	Jim Yale	
STREET ADDRESS	1612 SW 16TH ST		STREET ADDRESS	8520 SW 99 PR	
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Gainesville FL 32608	
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 exemptions contained in Chapter 119, 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: 			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					