

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721444

1. Corporation Name

(8) name change
Filed 2/96

~~DISCIPLES - PRESBYTERIAN STUDENT CENTER, INC.~~
Presbyterian and Disciples of Christ Student Center

Principal Place of Business

(See new name above.)
MINISTRIES FOR HIGHER EDUCATION, INC.
1402 W UNIVERSITY AVE
GAINESVILLE FL 32603

Mailing Address

(See new name above.)
MINISTRIES FOR HIGHER EDUCATION, INC.
1402 W UNIVERSITY AVE
GAINESVILLE FL 32603



3. Date Incorporated or Qualified 07/30/1971	3a. Date of Last Report 02/28/1995
4. FEI Number 59-6139133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

DICKSON, GLENN
3644 NW 12TH ST.
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Glenn Dickson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	MODERATOR(D)
NAME	CAMPBELL, CONSTANCE	1.2 NAME	WHITE, ALISUN
STREET ADDRESS	310 NW 24TH ST.	1.3 STREET ADDRESS	2701 NW 23 Blvd. N120
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	VD	2.1 TITLE	VICE-MODERATOR(VD)
NAME	SCRUGGS, MELANA	2.2 NAME	RAGSDALE, JOHN
STREET ADDRESS	660 SW POINT VIEW RD.	2.3 STREET ADDRESS	1001 NW 98th STREET
CITY-ST-ZIP	KEYSTONE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE		3.1 TITLE	CLERK
NAME	NINER, KELSEY	3.2 NAME	NINER, KELSEY
STREET ADDRESS	19-0314 EAST HUME HALL UNIV OF FLORIDA	3.3 STREET ADDRESS	2601 SW ARCHER RD.
CITY-ST-ZIP	GAINESVILLE, FL 00000	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	TD	4.1 TITLE	
NAME	DICKSON, GLENN	4.2 NAME	
STREET ADDRESS	3644 NW 12TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000 32605	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	300001857399
NAME	SEYMOUR, SANDRA	5.2 NAME	-06/11/96--01014--017
STREET ADDRESS	3950 NW 48TH PLACE	5.3 STREET ADDRESS	***\$1.25
CITY-ST-ZIP	GAINESVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MCCOWN, MARILYN	6.2 NAME	
STREET ADDRESS	3908 SW 4TH PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Alison White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

05-01-96 OR