


FILE NOW. FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90079 038 ****61.25

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # 721444 1. Corporation Name THE PRESBYTERIAN AND DISCIPLES OF CHRIST STUDENT CENTER, INC. | | |
| Principal Place of Business 1402 W. UNIVERSITY AVE. GAINESVILLE FL 32603 | | Mailing Address 1402 W. UNIVERSITY AVE. GAINESVILLE FL 32603 |



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 07/30/1971 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 59-6139133 | |
| 22 | | 27 | | Applied For | |
| | | | | Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired | |
| City & State | | City & State | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | | 29 | | 6. Election Campaign Financing | |
| Zip | | Zip | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 30 | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| DICKSON, GLENN 3844 NW 12TH ST. GAINESVILLE FL 32605 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

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

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 | MD | 1.1 TITLE | MD |
| NAME | WHITE, ALISUN | 1.2 NAME | DONOVAN, W. ALISUN |
| STREET ADDRESS | 2701 NW 23RD BL. N120 | 1.3 STREET ADDRESS | 1011 NW 39 ST |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | 1.4 CITY-ST-ZIP | GNV FL 32605 |
| TITLE | VMD | 2.1 TITLE | |
| NAME | PAOLANTONIO, RYAN | 2.2 NAME | |
| STREET ADDRESS | 1402 W. UNIV. AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | |
| NAME | NELMS, ELIZABETH | 3.2 NAME | |
| STREET ADDRESS | 7020 NW 52ND DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | |
| NAME | DICKSON, GLENN | 4.2 NAME | |
| STREET ADDRESS | 3844 NW 12TH AVE. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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

CR2E037 (11/98)