# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 26, 2004**
**Secretary of State**

DOCUMENT# 721444

**Entity Name:** THE PRESBYTERIAN AND DISCIPLES OF CHRIST STUDENT CENTER, INC.

**Current Principal Place of Business:**

1402 W. UNIVERSITY AVE.
GAINESVILLE, FL 32603

**New Principal Place of Business:**

**Current Mailing Address:**

1402 W. UNIVERSITY AVE.
GAINESVILLE, FL 32603

**New Mailing Address:**

**FEI Number: 59-6139133** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete
Name: MATTHEW, DAVID A
Address: 4100 NW 19TH DR
City-St-Zip: GAINESVILLE, FL 32605

Title: SD ( ) Delete
Name: FEARNEY, BARBARA
Address: 2622 SW 14TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: TD ( ) Delete
Name: DICKSON, GLENN
Address: 3644 NW 12TH AVE.
City-St-Zip: GAINESVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: DICKSON, GLENN
Address: 3644 NW 12TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A MATTHEW MD 07/26/2004

Electronic Signature of Signing Officer or Director — Date