

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721444

FILED
Apr 10, 2006
Secretary of State

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: DAVIDSON, JOHN
Address: 3751 SW 20TH AVE #100
City-St-Zip: GAINESVILLE, FL 32607

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 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: DEAN, CHARLES D
Address: 3940 NW 37TH PL
City-St-Zip: GAINESVILLE, FL 32606

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: C. DAVID DEAN

MD

04/10/2006

Electronic Signature of Signing Officer or Director

Date