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 # 728513 (3)

1. Corporation Name

UNIVERSITY UNITED METHODIST CHURCH AND STUDENT C ENTER, INC.

Principal Place of Business	Mailing Address
1320 W. UNIV. AVENUE GAINESVILLE FL 32603	1320 W. UNIV. AVENUE GAINESVILLE FL 32603

3. Date Incorporated or Qualified: **12/31/1973**

3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: **59-0704740** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PERKINS, JAMES H.
7710 N.W. 40TH AVENUE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 (Signature of a corporate officer or director of the current 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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHEAFFER, CAROLYN		1.2 NAME		
STREET ADDRESS	1820 W UNIV AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, KIM		2.2 NAME		
STREET ADDRESS	1320 W. UNIV. AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, DOUG		3.2 NAME	SPRINGFIELD, EMERY	
STREET ADDRESS	1320 W. UNIV. AVENUE		3.3 STREET ADDRESS	1320 W. UNIV. AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 00000		3.4 CITY-ST-ZIP	GAINESVILLE, FL 32603	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHEAFFER, RICHARD		4.2 NAME		
STREET ADDRESS	1320 W. UNIV. AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, JAMES		5.2 NAME		
STREET ADDRESS	7710 N.W. 70TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, JAMES		6.2 NAME		
STREET ADDRESS	1320 W. UNIV. AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: James Perkins JAMES PERKINS 01/22/96 (352) 372-8183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #