FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

728513

(3)

Mailing Address

UNIVERSITY UNITED METHODIST CHURCH AND STUDENT C ENTER, INC.

FILED Jan 21 1998 8:00am Secretary of State

1320 W. UNIV. GAINESVILLE F		1320 W. UNIV. AVENUE		3. Date Incorporated or Qualified				
GHINESVILLE	-L 32603	GAINESVILLE FL 32603			_12/31/1973			
ļ					4. FEI Number	_	1	Applied For
					<u>59-0704740</u>		1	vot Applicable
2. Principal Place of Business 2a. Mailing Ad			ress		5. Certificate of Status Desired		\$8.75	Additional
21		26					Fee f	Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be			
22	<u> </u>	27			Trust Fund Contribution Added to Fees			
City & State		City & State			7. Is this nonprofit corporation a homeowners association?			
Zip	Country	28	Countr		- 			
<u> </u>	25	29	⊢ ′		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			— ·
24		25 29 30 Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	3, Mario dia Address di Carteri	r riegistered Agent	8:	Name	to, Hame and Address of New Year	notice 7	· gent	
DEDIVING	C IAMEC LI							
	S, JAMES H.		82	Street Add	fress (P.O. Box Number is Not Acceptable	e)		
	W. 40TH AVENUE		83					
GAINES	VILLE FL 32606		"	1				ļ
			84	City			85 Zip	Code
				<u> </u>	The state of the s	<u> </u>		5
office or r	to the provisions of Sections 617.0503 egistered agent, or both, in the State	e and 617.1508, Florida Statt of Florida. Such change was	ites, the abov authorized b	re-named corpora	poration submits this statement for the pution's board of directors. I hereby accept	the appo	cnanging sintment a	ns registered s registered
agent. I a	m famillar with, and accept the obliga	itions of, Section 617.0503, F	Torida Statute	s.				Ť
SIGNATURE							<u></u>	
12.	Signature, typed or printed name of registered age OFFICERS AND		13.	jent signature requi	lred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE BS AND	DIRECTO	BS IN 12
TITLE	CD CATCLES AND	DELETE	1.1 TITLE		_ADDITIONS/CITANGES TO OTHER		Change	Addition
NAME	SCHEAFFER, CAROLYN		1.2 NAME	- 1			الماري و	
STREET ADDRESS	1820 W UNIV AVE			T ADDRESS				
	GAINESVILLE FL		•					ŧ
CITY-ST-ZIP TITLE	D D	DELETE	1,4 CITY- 2,1 TITLE	SI-ZIP			Change	Addition
NAME	SIMPSON, KIM		2.2 NAME				0.100.90	
STREET ADDRESS	1320 W. UNIV. AVENUE		1	T ADDRESS				
	GAINESVILLE, FL 00000		- 1	1				
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY- 3.1 TITLE	\$1-ZP			Change	Addition
NAME	SPRINGFIELD. EMERY		3.2 NAME					7,000,000
	1320 W UNIVERSITY AVENUE			T ADDRESS				
STREET ADDRESS	GAINESVILLE. FL 00000		1					
CITY-ST-ZIP	D GAINESVILLE, PL 00000	TOELETE	3.4. CITY- 4.1 TITLE	51- <u>∏</u> P			Change	Addition
ì	SCHEAFFER, RICHARD	T britis	4.1 IIILE 4.2 NAME	{		,	— Alieniñe	L Boomon
NAME	1320 W. UNIV. AVENUE							[
STREET ADDRESS				T ADDRESS				İ
CITY-ST-ZIP	GAINESVILLE, FL 00000		4.4 CITY - : 5.1 TITLE	SI-ZIP			Change	Addition
	DEDVING IAMES		1				- Criaithe	المالمال ب
NAME	PERKINS, JAMES		5.2 NAME					ĺ
STREET ADDRESS	7710 N.W. 70TH AVENUE			T ADDRESS				ļ
CITY-ST-ZIP	GAINESVILLE, FL 00000	DELETE	5.4 C/TY-3	st-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE	D ALEVANDED JAMES	ריו הבירבוב	6.1 TITLE	ļ		ſ	change	
NAME	ALEXANDER, JAMES		6,2 NAME					
STREET ADDRESS	1320 W. UNIV. AVENUE		6.3 STREE					ļ
CITY-ST-ZIP	GAINESVILLE, FL 00000	h this filling does not swell . I	6.4 CITY-5		Continue 440 07/2V/I) Florido Statutos 15	whom one	iili a dhand ala	information
indicated of	ernly man the information supplied wit on this annual report or supplemental	n this himg does not quality to annual report is true and acc	or the exemp curate and th	at my signatu	Section 119.07(3)(i), Florida Statutes. I fure shall have the same legal effect as if n	nade und	ווא נחמנ זהנ er oath; th	at I am an

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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/97 (352)372-8