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Jan 27, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728513

1. Corporation Name

UNIVERSITY UNITED METHODIST CHURCH AND STUDENT CENTER, INC.

Principal Place of Business

1320 W. UNIV. AVENUE
GAINESVILLE FL 32603

Mailing Address

1320 W. UNIV. AVENUE
GAINESVILLE FL 32603



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

12/31/1973

4. FEI Number

59-0704740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME SCHEAFFER, CAROLYN
STREET ADDRESS 1820 W UNIV AVE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE

NAME SIMPSON, KIM
STREET ADDRESS 1320 W. UNIV. AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE D ☐ DELETE

NAME SPRINGFIELD, EMERY
STREET ADDRESS 1320 W UNIVERSITY AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE D ☐ DELETE

NAME SCHEAFFER, RICHARD
STREET ADDRESS 1320 W. UNIV. AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE T ☐ DELETE

NAME PERKINS, JAMES
STREET ADDRESS 7710 N.W. 70TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE D ☐ DELETE

NAME ALEXANDER, JAMES
STREET ADDRESS 1320 W. UNIV. AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

H. Perkins 01/11/99 352 372 8183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)