

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 728513

1. Entity 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**



01112005 No Chg.-NP

CR2E037 (10/03)

4. FEI Number
59-0704740

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SCHEAFFER, CAROLYN
STREET ADDRESS	1820 W UNIV AVE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	SIMPSON, KIM
STREET ADDRESS	1320 W. UNIV. AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 00000,
TITLE	D
NAME	SPRINGFIELD, EMERY
STREET ADDRESS	1320 W UNIVERSITY AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 00000,
TITLE	D
NAME	SCHEAFFER, RICHARD
STREET ADDRESS	1320 W. UNIV. AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 00000,
TITLE	T
NAME	PERKINS, JAMES
STREET ADDRESS	7710 N.W. 70TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 00000,
TITLE	D
NAME	ALEXANDER, JAMES
STREET ADDRESS	1320 W. UNIV. AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 00000,

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James Perkins** 01/14/05 352-372-8183