


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90067 021 ****61.25

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		
2. Principal Place of Business 104 NW 14 ST Suite, Apt. #, etc. #2		3. Mailing Address PO Box 13434 Suite, Apt. #, etc.			
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 59-0704740	
Zip 32603		Country ALACHUA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERKINS, JAMES H. 7710 N.W. 40TH AVENUE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE CD NAME SCHEAFFER, CAROLYN STREET ADDRESS 1820 W UNIV AVE CITY-ST-ZIP GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete		TITLE D NAME PALMER, GEORGE STREET ADDRESS 5024 NW 234 ST CITY-ST-ZIP NEW BERRY, FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SIMPSON, KIM STREET ADDRESS 1320 W. UNIV. AVENUE CITY-ST-ZIP GAINESVILLE, FL 00000,	<input type="checkbox"/> Delete		TITLE D NAME 2046 NW 17 LANE STREET ADDRESS 32605 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SPRINGFIELD, EMERY STREET ADDRESS 1320 W UNIVERSITY AVENUE CITY-ST-ZIP GAINESVILLE, FL 00000,	<input type="checkbox"/> Delete		TITLE D NAME SPRINGFIELD, EMORY STREET ADDRESS 3718 SW 65 LANE CITY-ST-ZIP 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHEAFFER, RICHARD STREET ADDRESS 1320 W. UNIV. AVENUE CITY-ST-ZIP GAINESVILLE, FL 00000,	<input type="checkbox"/> Delete		TITLE D NAME 907 NW 21 Terr STREET ADDRESS 32603 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PERKINS, JAMES STREET ADDRESS 7710 N.W. 70TH AVENUE CITY-ST-ZIP GAINESVILLE, FL 00000,	<input type="checkbox"/> Delete		TITLE D NAME ALEXANDER, JAMES STREET ADDRESS 1320 W. UNIV. AVENUE CITY-ST-ZIP GAINESVILLE, FL 00000,	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALEXANDER, JAMES STREET ADDRESS 1320 W. UNIV. AVENUE CITY-ST-ZIP GAINESVILLE, FL 00000,	<input type="checkbox"/> Delete		TITLE D NAME 12810 NW 48 Ave STREET ADDRESS 32606 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>James Perkins</u> James Perkins <u>01/11/2006</u> (352) 372-8183 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					