## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #728513**

1. Entity Name
UNIVERSITY UNITED METHODIST CHURCH AND



**FILED** Jan 22, 2007 8:00 am Secretary of State

01-22-2007 90075 025 \*\*\*\*61.25

| STUDENT CENTER, INC.  |   |  |   |   | 7   |                     |   |   |
|---|---|--|---|---|---|---------------------|---|---|
| Principal Place of Business<br>104 NW 14TH ST<br>GAINESVILLE, FL 32603  |   | Mailing Address P.O. BOX 13434 GAINESVILLE, FL 32604 |   |   |   |                     |   |   |
| 2. Principal Place of Business - No P.O. Box # 3. M   |   |  | . Mailing Address                               |   |   |                     |   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                  |   |   | 01162007  |                     |   |   |
|   |   | ·  |   |   |   | Chg-NP              | CR2E037 (12/06)                               | <u> </u>                                  |
| City & State  |   | City & State   |   |   | 4. FEI Number Applied For 59-0704740 Not Applicable |                     |   |   |
| Zip   | Country   | Zip  |   | Country   | 5. Certificate of                                   | Status Desired      | □ \$8.75 Ac                                   |   |
|   | 6. Name and Address of Current  | Registered /   | Agent   |   | 7. Name and Ad                                      | idress of New Re    | egistered Agent                               |   |
| PERKINS, JAMES H.   |   |  | Name  | Name  |   |                     |   |   |
| 7710 N.W. 40TH AVENUE<br>GAINESVILLE, FL 32606  |   |  |   | Street Addre  | ss (P.O. Box Number i                               | s Not Acceptable    | )   |   |
| 0,, 201,  |   |  |   |   |   |                     | 1   |   |
|   |   |  |   | City  |   |                     | FL Zip Co                                     |   |
|   | named entity submits this statement folions of registered agent.  | or the purpose                                       | e of changing its reg                           | istered office or regi  | istered agent, or both,                             | in the State of Flo | rida. I am familiar with                      | , and accept                              |
| _   |   |  |   |   |   |                     |   |   |
| SIGNATURE   | Signature, typed or printed name of registered agen   | t and title if applical                              | ble. {NOTE: Re                                  | gistered Agent signature red  | quired when reinstating)                            |                     | DATE  |   |
| Filing Fee is \$61.25 9. Election Campa   |   |  |   |   |   |                     | · · · —                                       |   |
|   | Filing Fee is \$61.25   | j  | 9. Election Campa                               | ign Financing   | \$5.00 May Be                                       | Ma                  | ake check payable                             | to  |
|   | Filing Fee is \$61.25<br>Due by May 1, 2007   |  | 9. Election Campa<br>Trust Fund Cont            |   | \$5.00 May Be<br>Added to Fees                      |                     | ake check payable<br>da Department of :       |   |
| 10.   | Due by May 1, 2007<br>OFFICERS AND D  | RECTORS  | Trust Fund Cont                                 | tribution.   11.  | Added to Fees                                       | Fiorl               | da Department of S                            | N 10                                      |
| 10.<br>TITLE<br>NAME  | Due by May 1, 2007  | RECTORS  |   | tribution.  | Added to Fees                                       | Fiorl               | da Department of                              | N 10                                      |
| TITLE<br>NAME<br>STREET ADDRESS   | Due by May 1, 2007  OFFICERS AND DI D PALMER, GEORGE 5024 NW 234 ST   | RECTORS  | Trust Fund Cont                                 | Tribution.   11.  TITLE NAME STREET ADDRESS   | Added to Fees                                       | Fiorl               | da Department of S                            | N 10                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Due by May 1, 2007  OFFICERS AND DI D PALMER, GEORGE 5024 NW 234 ST NEWBERRY, FL 32669  | RECTORS  | Trust Fund Cont                                 | 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Added to Fees                                       | Fiorl               | da Department of S                            | State N 10 Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS   | Due by May 1, 2007  OFFICERS AND DI D PALMER, GEORGE 5024 NW 234 ST   | RECTORS  | Trust Fund Cont                                 | Tribution.   11.  TITLE NAME STREET ADDRESS   | Added to Fees                                       | Fiorl               | da Department of S                            | State N 10 Addition                       |
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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 chapter 617, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 617, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 618, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 618, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 618, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 618, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 618, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 618, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 618, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 618, provided Statutes, and that my name appears in Block 10 or Block 11 if chapter 618, provided Statutes, and the statutes of th

**SIGNATURE:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR