


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 728513</b> 1. Entity Name UNIVERSITY UNITED METHODIST CHURCH AND STUDENT CENTER, INC.	
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Principal Place of Business 104 NW 14TH ST GAINESVILLE, FL 32603	Mailing Address P.O. BOX 13434 GAINESVILLE, FL 32604
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01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0704740	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PERKINS, JAMES H. 7710 N.W. 40TH AVENUE GAINESVILLE, FL 32606
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000787205 01/17/08-80073-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, GEORGE 5024 NW 234 ST NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, KIM 2046 NW 17 LANE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGFIELD, EMERY 3718 SW 65 LANE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEAFFER, RICHARD 907 NW 21 TERRACE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERKINS, JAMES 7710 N.W. 70TH AVENUE GAINESVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, JAMES P.O. BOX 13434 GAINESVILLE, FL 32604

<b>DO NOT WRITE IN THIS SPACE</b>
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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 changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** James H. Perkins **01/16/2008** **352 3728183**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #