## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#728513**

FILED Jan 05, 2009 Secretary of State

Entity Name: UNIVERSITY UNITED METHODIST CHURCH AND STUDENT CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 104 NW 14TH ST 104 NW 14TH ST GAINESVILLE, FL 32603 UNIT 2 GAINESVILLE, FL 32603 **Current Mailing Address: New Mailing Address:** P.O. BOX 13434 GAINESVILLE, FL 32604 FEI Number: 59-0704740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERKINS, JAMES H PERKINS, JAMES H 7710 N.W. 40TH AVENUE 7710 N.W. 40TH AVENUE US GAINESVILLE, FL 32606 US GAINESVILLE, FL 32606 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. SIGNATURE: JAMES H. PERKINS 01/05/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PALMER, GEORGE Name: Name: 5024 NW 234 ST Address: Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete SIMPSON, KIM, Name: SIMPSON, KIM Name: Address: 2046 NW 17 LANE Address: 2046 NW 17 LANE City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: () Change () Addition SPRINGFIELD, EMERY Name: Name: 3718 SW 65 LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title: Name: SCHEAFFER, RICHARD, Name: SCHEAFFER, RICHARD 907 NW 21 TERRACE 907 NW 21 TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32603 City-St-Zip: GAINESVILLE, FL 32603 Title: () Delete Title: (X) Change ( ) Addition PERKINS, JAMES, PERKINS, JAMES H Name: Name: 7710 N.W. 70TH AVENUE 7710 N.W. 70TH AVENUE Address: Address: City-St-Zip: GAINESVILLE, FL 00000, City-St-Zip: GAINESVILLE, FL 32606 Title: ( ) Delete Title: () Change () Addition ALEXANDER, JAMES Name: Name: Address: P.O. BOX 13434 Address: GAINESVILLE, FL 32604 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. PERKINS T 01/05/2009