


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # 732668**

1. Entity Name  
**UNIVERSITY CITY CHURCH OF CHRIST OF GAINESVILLE, FLORIDA, INC.**



Principal Place of Business 4626 N.W. 8TH AVE. GAINESVILLE, FL 32605	Mailing Address 4626 N.W. 8TH AVE. GAINESVILLE, FL 32605
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2246804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKS, VERNON  
 4114 NW 115TH ST  
 GAINESVILLE, FL 32606

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

UD00000578958  
 01/09/07-80049-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, JOHN 3411 NW 67TH AVE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDRICKS, VERNON 4114 NW 115TH STREET GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUGGS, LENDON 2 NW 101ST CT GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKER, MARVIN 7011 NW 52ND TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATTERTON, GENE 4723 NW 27TH PL GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Vernon Hendricks 1/3/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #