


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90105 002 ****61.25

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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-2246804

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HENDRICKS, VERNON
 4114 NW 115TH ST
 GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent
 Name Stephen M. Holway
 Street Address (P.O. Box Number is Not Acceptable)
5660 SW 88th Court
 City Gainesville, FL Zip Code 32608

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 Sm Holway DATE 5/5/08
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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BELL, JOHN	
STREET ADDRESS	3411 NW 67TH AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HENDRICKS, VERNON	
STREET ADDRESS	4114 NW 115TH STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SUGGS, LONDON	
STREET ADDRESS	2 NW 101ST CT	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROOKER, MARVIN	
STREET ADDRESS	7011 NW 52ND TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CATTERTON, GENE	
STREET ADDRESS	4723 NW 27TH PL	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurie Philpot	
STREET ADDRESS	9214 SW 42nd Lane	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lendon Suggs	
STREET ADDRESS	2 NW 101st Court	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	Secretary / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen M. Holway	
STREET ADDRESS	5660 SW 88th Court	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sm Holway DATE 5/5/08 352-372-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #