FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746329** **(2)**

1. Corporation Name

UNIVERSITY CHAPEL FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
12710 N. 50TH STREET TAMPA FL 33617	12710 N. 50TH STREET TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/20/1979**
3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-1905077** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAUER, TERI
12710 N. 50TH ST
TAMPA FL 33617

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	C/D ☐ Change ☐ Addition
NAME	KERNS, ROBERT	12 NAME	Kerns Robert
STREET ADDRESS	12022 NICKLAUS CIR	13 STREET ADDRESS	12022 Nicklaus Cir
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, Fl 33624
TITLE	VD	21 TITLE	V/D ☐ Change ☐ Addition
NAME	SPEER, DAVID	22 NAME	Speer, David
STREET ADDRESS	13301 N BB DOWNS BLVD	23 STREET ADDRESS	13301 N Bruce B Downs
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, Fl 33612
TITLE	VTD	31 TITLE	V/T/D ☐ Change ☐ Addition
NAME	FUTHEY, DR.DALE	32 NAME	
STREET ADDRESS	2708 COLLEGE CIRCLE	33 STREET ADDRESS	O
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	T/D ☐ Change ☐ Addition
NAME	NAGLE, DR KENT	42 NAME	Reed, Jane
STREET ADDRESS	11807 LIPSEY RD.	43 STREET ADDRESS	20407 Gardenia Dr
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Land O Lakes, Fl 34639
TITLE	SD	51 TITLE	S/D ☐ Change ☐ Addition
NAME	BREIDENBACH, VELVA	52 NAME	Wilson, Marty
STREET ADDRESS	203 S LOCKMOOR AVE	53 STREET ADDRESS	3208 W Hawthorne Rd
CITY-ST-ZIP	TEMPLE TERRACE FL	54 CITY-ST-ZIP	Tampa, Fl 33611
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane G. Reed 4/28/95 (813)974-4505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JANE G. REED

0064410