

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746329** (2)

1. Corporation Name

UNIVERSITY CHAPEL FELLOWSHIP, INC.



Principal Place of Business 12710 N. 50TH STREET TAMPA FL 33617	Mailing Address 12710 N. 50TH STREET TAMPA FL 33617
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2. Principal Place of Business 21 12850 North 50th St Suite, Apt. #, etc. 22 City & State 23 Tampa FL Zip 24 33617-1004	2a. Mailing Address 25 12850 North 50th St Suite, Apt. #, etc. 26 City & State 27 Tampa FL Zip 28 33617-1004 Country 29 USA
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3. Date Incorporated or Qualified 03/20/1979	4. FEI Number 59-1905077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 81 Name Teri Bauer 82 Street Address (P.O. Box Number is Not Acceptable) 12850 North 50th St. 83 84 City Tampa FL 85 Zip Code 33617-1004
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Teresa E Bauer* **TERESA E BAUER** **1-13-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREE, REV. MARCIA		1.2 NAME	
STREET ADDRESS 7308 E. FOWLER AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPEER, DAVID		2.2 NAME	
STREET ADDRESS 13301 N BB DOWNS BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REED, JANE		3.2 NAME	
STREET ADDRESS 20407 GARDENIA DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP LAND O LAKES FL		3.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOMS, REV. BRUCE		4.2 NAME	
STREET ADDRESS 2902 W. FLETCHER AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Teresa E Bauer* **1/13/98**

CR2E037 (1097)