NONPROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am § Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

03-04-1999 90042 048 \*\*\*\*70.00

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DOCUM	F	N	NT # 746329

1. Corporation Name

UNIVERSITY CHAPEL FELLOWSHIP, INC.

Principal Place	e of Business	Mailing Address					
12850 NORTH 50TH ST 12850 NORTH 50TH ST					Ë IBRIKI IBRASI RIBIR RISHR NISHR SIRHË IRIK RIBIR BIRIK RIBIR RIBIR	AN 81811 61811	
TAMPA FL 33617-004 TAMPA FL 33617-004							
US		ŲS			i 180ili idikli minin alian litin jinin jali neli alali alal	TIÍ BING BERN	01011 1001
					2 Data becaused as Overlifed		
	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21	<u> </u>	26			03/20/1979	1 1.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	- <del> </del>	lied For
22		27]			59-1905077		Applicable
City & Stat	9	City & State			5. Certificate of Status Desired	88.75 Ad	
23		28				Fee Req	
Zip	Country	L	Country	•	6. Election Campaign Financing	\$5.00 N	
24	25	29 33617-1004 30			Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	ent	
			81	Name			1
PALIED T	<b>CDI</b>			Cana an a	Address (B.O. Bay Number is Not Accentable)		
BAUER, T			82	Street	Address (P.O. Box Number is Not Acceptable)		1
	RTH 50TH ST		83	<del> </del>			
I IAMPA FL	. 33617-1004						
ļ			84	City	FL '	Zip Co	ode
11 Dursuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes th	ne abov	i e-named i	corporation submits this statement for the purpose of cha	inging its re	egistered
ì office.orm	egistered agent, or both, in the State o	it Florida. Such change was author	nzea by	tne corpo	oration's board of directors. I hereby accept the appointm	ent as regi	stered
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Florida S	Statutes	i.			
SIGNATURE					required when reinstating) DATE		
	Signature, typed or printed name of registered agent		13.	nt signature re	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 12
12.	OFFICERS AND	DIRECTORO				<b>₹</b> Change	Addition
TITLE	CD		1.1 TITLE		CD / Likebea	Lourningo	
NAME	FREE, REV. MARCIA	<b>I</b> '	1.2 NAME		NANCY J. Kutcher 10712 CARROLLWOOD DI		Î
STREET ADDRESS	7308 E. FOWLER AVENUE	1	1.3 STREE	TADDRESS	10712 CARROLLOGOS DE		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S	T-ZIP	TAMPA FL 33617		
TITLE	VD	☐ DELETE	2.1 TITLE		11	Change	☐ Addition
NAME	SPEER, DAVID	<b>!</b>	2.2 NAME	,	PICHARD DUHON DI 6615 Whiteway DI		
STREET ADDRESS			23 STREE	T ADDRESS	6615 Whiteway DI	_	1
			2. 4 CITY-5		Temple Terrace PL 336	17	
CITY-ST-ZIP	TAMPA FL		3.1 TITLE	31-24	(arpte tell tell	Change	☐ Addition
TITLE	TD	_			_	,	
NAME	REED, JANE		3.2 NAME				ļ
STREET ADDRESS	20407 GARDENIA DRIVE	[ ·	3.3 STREE	TADDRESS			
CITY-ST-ZIP	LAND O LAKES FL		3.4. CITY-	ST-ZIP		Ten la como	□ A d ====
TIFLE	SD	☐ DELETE	4.1 TITLE		SD	<b>1</b> Change	Addition
NAME	KUTCHER, NANCY J		4. 2 NAME		Lynne Carlson 11315-F North 50th St		\ \
STREET ADDRESS	10712 CARROLLWOOD		4.3 STREE	TADORESS	11315-F North 50.		1
CITY-ST-ZIP	TAMPA FL 33618		4,4 CITY-S	T-ZIP	TAMPA FL 33617		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME		<b>!</b> :	5.2 NAME				1
		1.	5.3 STREF	TADDRESS			1
STREET ADDRESS	)	1	5.4 CITY-S	ì			1
CITY-ST-ZIP			6.1 TITLE			Change	Addition
TITLE		C) 5222.12	6.2 NAME		_		
NAME							1
STREET ADDRESS	(	•	6.3 STREE	TADDRESS	1		

6.4 CFTY-ST-ZiP 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 reseiver 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 with all other like empowered.

Daytime Phone #