

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006162

FILED
Mar 11, 2008
Secretary of State

Entity Name: UNIVERSITY MINISTRIES COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

2640 OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2184 GATES DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 27-0094650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, JOSEPH L DR
2184 GATES DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, JOSEPH L DR
Address: 2184 GATES DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: SPENCER, LOUIS
Address: 2640 OLD BAINBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: EADY, HOPE
Address: 673 WEST FOURTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: BROWN, G. MATTHEW
Address: 3428 GARDENVIEW WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: DIXON, PATSY
Address: P.O. BOX 2095
City-St-Zip: QUINCY, FL 32353

Title: D () Delete
Name: MOORE, MICHAEL
Address: 2901 TYRON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L. BROWN

DR.

03/11/2008

Electronic Signature of Signing Officer or Director

_____ Date