

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006162

FILED  
Apr 15, 2009  
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: S (X) Change ( ) Addition  
Name: EADY, HOPE  
Address: 2816 BOTANY PLACE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition  
Name:  
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: DR. JOSEPH L. BROWN

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date