

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mottham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15031

1. Corporation Name

The University Church of God in Christ, Inc.

Principal Place of Business

**2122 Poppy Street
Tallahassee, FL 32310**

Mailing Address

**3124 Shannon Lakes North
Tallahassee, FL 32308**

3. Date Incorporated or Qualified

05/21/1986

3a. Date of Last Report

10/16/1991

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2697159

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**Dr. Joseph L. Brown
3124 Shannon Lakes North
Tallahassee, FL 32308**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title of applicant

(403) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☒ DELETE

NAME

Jones, David R.

STREET ADDRESS

321 Anton Drive

CITY - ST - ZIP

Tallahassee, FL 32303

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

T

☒ Change

☐ Addition

12. NAME

Jones, Sonya R.

13. STREET ADDRESS

415 East Brevard Street, #14

14. CITY - ST - ZIP

Tallahassee FL 32301

☐ Change

☒ Addition

21. TITLE

D

22. NAME

MARTIN, NANCY T.

23. STREET ADDRESS

4059 MCCARTHY HWY.

24. CITY - ST - ZIP

Tallahassee FL 32328

☒ Change

☐ Addition

31. TITLE

P/T

32. NAME

Brown, Joseph L.

33. STREET ADDRESS

3124 Shannon Lakes North

34. CITY - ST - ZIP

Tallahassee, FL 32308

☐ Change

☒ Addition

41. TITLE

T

42. NAME

Brown, Edna S.

43. STREET ADDRESS

3124 Shannon Lakes North

44. CITY - ST - ZIP

Tallahassee, FL 32308

☐ Change

☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

000001912430

-08/05/96--01032--038

*****122.50**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-22-96

Daytime Phone #

CR2E037 (12/95)