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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15031 (0)

1. Corporation Name

THE UNIVERSITY CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

2122 POPPY ST.
TALLAHASSEE FL 32310
US

3124 SHANNON LAKE NORTH
TALLAHASSEE FL 32308-2334



3. Date Incorporated or Qualified
05/21/1986

3a. Date of Last Report
08/02/1996

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

2. Principal Place of Business

2a. Mailing Address

21 2640 OLD Bainbridge Rd

25 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Tallahassee FL

28 City & State

24 Zip Country

29 Zip Country

32303

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JOSEPH LEE
3124 SHANNON LAKE NORTH
TALLAHASSEE FL 32308

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T JONES, SONYA ☐ DELETE
415 E. BREVARD ST. #14
TALLAHASSEE FL 32301

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 208 John Knox Rd Apt 209
1.4 CITY-ST-ZIP TALLAHASSEE FL 32303

D MARTIN, NANCY T ☐ DELETE
4059 MCCARTHY WAY
TALLAHASSEE FL 32328

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

PT BROWN, JOSEPH L ☐ DELETE
3124 SHANNON LAKES NORTH
TALLAHASSEE FL 32308

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D MCEL RATH, RONALD M ☐ DELETE
2901 SETTING SUN TRAIL
TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

S ROBINSON, PATSY ☐ DELETE
1408 CALIFORNIA
TALLAHASSEE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

T JONES, SONYA ☐ DELETE
110 PALMETTO #
TALLAHASSEE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 100002177111
6.3 STREET ADDRESS -05/13/97--01086--014
6.4 CITY-ST-ZIP ***61.25

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-778-1100

CR2E037 (9/96)

4-1-97