FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



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

DOCUMENT #

N94000004185 (4)

UNIVERSITY COMMUNITY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address								
2909 DEAN R ORLANDO FL	NIDGE RD.	2909 DEAN RIDGE RD. ORLANDO FL 32825			, , , , , , , , , , , , , , , , , , ,			
	-				3. Date Incorporated or Qualified 08/22/1994	3a. Date of 04/2	Last Report 8/1995	
<u> </u>	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
Suite Apt.	21 26 Suite, Apt. #, etc., 27 Suite, Apt. #, etc., 27 27 27 27 27 27 27 27				59-3264175		Not Applicable	
	27 57 City & State City & State		·m ·		Certificate of Status Desired	\$8.75 Additional Fee Required		
23		28			Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees	
Zip	Country	Zιρ	Countr		8. This corporation has liability for in		er s. 199.032,	
24	25 OF Javijc 9. Name and Address of Curre	29 29 Agent	30 Onn	inge	Florida Statutes 10. Name and Address of New Re	Yes No		
	S. Harris and Place of Galler	it trograterou Agent	8	Name	IU. Name and Address of New Re	gistered Agent		
CLADY	IANEO LI							
CLARK, JAMES H 2909 DEAN RIDGE RD. ORLANDO FL 32825				Street Add	ress (P.O. Box Number is Not Acceptable)			
				3				
UNDAND	O FL 32823			• 0"				
			84	City		FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above	named corpo	ration submits this statement for the purp	con of chancing	its registered office	
familiar wit	ed agent, or both, in the State of Floh th, and accept the obligations of, Sect	da. Such change was authorizi ion 617.0503, Florida Statutes	ed by the corp	poration's boa	and of directors. I hereby accept the appoint	ntment as regist	ered agent. I am	
SIGNATURE _							·	
12.	Signature, typed or printed name of registered agent	and title if applicable. (NO D DIRECTORS		arit signature require		DATE		
TITLE		D DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC			
NAME	D D	Присти	1.2 NAME			Char	nge 🔲 Addition	
STREET ADDRESS	CLARK, JAMES H 2909 DEAN RIDGE RD.			T ADDRESS			ļ [,]	
CITY-ST-ZIP	ORLANDO FL 32825		1.4 CITY-	i				
TITLE	D	DELETE	2.1 TITLE			☐ Char	nge 🔲 Addition	
NAME	SOWERBY, JIM		2.2 NAME				•	
STREET ADDRESS	5863 STONEWALL JACKSON	RD.	2.3 STREE	T ADDRESS				
CtTY-ST-ZIP	ORLANDO FL 32807		2 4 CITY	-ST-ZIP				
TITLE	D DELETE		3.1 TITLE			Char	nge 🔲 Addition	
NAME	Walton, Pete		3.2 NAME					
STREET ADDRESS	1053 SHAFFER TRAIL		3.3 STREE	T ADDRESS				
CITY-ST-ZIP TITLE	OVIEDO FL 32765		3.4. CHTY-	·ST-ZIP				
NAME		DELETE	4.1 TITLE			☐ Char	nge 🔲 Addition	
STREET ADDRESS			4 2 NAME				ľ	
CITY-ST-ZIP			4.3 STREE 4.4 City-	T ADDRESS				
TITLE		DELETE	5.4 CHT-	O1 - EII		Char	nge Addition	
NAME			5.2 NAME			<u> </u>		
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	S1 - ZIP				
TITLE		DELETE	6.1 THILE			☐ Char	nge	
NAME			6.2 NAME					
STREET ADDRESS			1	T ADDRESS				
14. I do hereby	v certify that the information supplied a	with this filing is voluntarily furni	6.4 CITY-	ST-ZIP	or the exemption stated in Section 119.0	7(2)(L) Closida Ci	atuton 15 miles	
cerury that	the information indicated on this anni-	ial report or supplemental appl	ial report is to	ue and accura	ite and that my cionature chall have the re	ama local affect	oo if mode under	
appears in	am an omicer or director of the corpo Block 12 or Block 13 if changed, or c	ration or the receiver or trustee on an attachment with an addri	ess.	to execute this	s report as required by Chapter 617, Flor	ida Statutes; and	i that my name	
SIGNAT	URE: Rev. Jam	en H. Clark	Re	U. JAN	res H. Clarx 4/1/4	407	-658-7835	
	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR		Date	Daytime Pt	ione *	