

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90066 014 \*\*\*\*61.25

**DOCUMENT # N94000004185**

1. Entity Name  
**UNIVERSITY COMMUNITY BAPTIST CHURCH, INC.**



Principal Place of Business  
**3674 CASSIA DR  
ORLANDO, FL 32828**

Mailing Address  
**3674 CASSIA DR  
101 - NO Apt  
ORLANDO, FL 32828**

**24033488**



2. Principal Place of Business

3. Mailing Address

**3674 CASSIA DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004 Chg-NP CR2E037 (10/03)

City & State

**Orlando, FL 32828**

4. FEI Number  
**59-3264175**

Applied For  
Not Applicable

Zip

Country

**32828**

**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, JAMES H  
17132 CHEVAL VINEYARD WAY (OK Address)  
ORLANDO, FL 32828**

Name **CLARK, James H.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3674 CASSIA DRIVE**

**Orlando**

**FL** Zip Code **32828**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rev- James H Clark**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/30/04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **CLARK, JAMES H**  
STREET ADDRESS **3674 CASSIA DR**  
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **O'NEIL, GAYLE**  
STREET ADDRESS **3551 FOXCROFT CIRCLE**  
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HILL, BILL**  
STREET ADDRESS **10249 NEVERSINK CT**  
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Pastor James H Clark (James H. Clark)** **3/30/04** **407-384-2991**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #