

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

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
ORLANDO, FL 32828**

DO NOT WRITE IN THIS SPACE



03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number

59-3264175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLARK, JAMES H
3674 CASSIA DRIVE
ORLANDO, FL 32828**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARK, JAMES H
STREET ADDRESS	3674 CASSIA DR
CITY - ST - ZIP	ORLANDO, FL 32828
TITLE	D
NAME	O'NEIL, GAYLE
STREET ADDRESS	3551 FOXCROFT CIRCLE
CITY - ST - ZIP	OVIDEO, FL 32765
TITLE	D
NAME	HILL, BILL
STREET ADDRESS	10249 NEVERSINK CT
CITY - ST - ZIP	ORLANDO, FL 32817
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/31/05-80056-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

James H. Clark, James H. Clark Pastor
3/29/05 407-374-2971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #