

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Aug 02 1996 8:00 am
Secretary of State

DOCUMENT # N95000004462
1. Corporation Name
University Ministries Church of God in Christ of Tallahassee, 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: **09/19/1995**
3a. Date of Last Report: **03/12/1996**
4. FEI Number: **59-3359739**
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
21 Suite, Apt #, etc
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip Country
29 30

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: **Dr. Joseph L. Brown**
82 Street Address (P.O. Box Number is Not Acceptable): **3124 Shannon Lakes North**
83
84 City: **Tallahassee** FL 85 Zip Code: **32308**

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 that of applicant: _____
the 10. Registered Agent signature required when reestablishing: _____
DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: S	NAME: Jones, Jennifer STREET ADDRESS: 321 Anton Drive CITY-ST-ZIP: Tallahassee, FL 32303	11 TITLE: T 12 NAME: Jones, Sonya R. 13 STREET ADDRESS: 415 East Brevard Street, #14 14 CITY-ST-ZIP: Tallahassee, FL 32301
TITLE: D	NAME: Ash, Lessie STREET ADDRESS: P. O. Box 232 CITY-ST-ZIP: Woodville, FL 32362	21 TITLE: D 22 NAME: McElrath, Ronald M. 23 STREET ADDRESS: 2901 Setting Sun Trail 24 CITY-ST-ZIP: Tallahassee, FL 32303
TITLE:	NAME: Robinson, Patsy D. STREET ADDRESS: 1408 California Street CITY-ST-ZIP: Tallahassee, FL 32301	31 TITLE: S 32 NAME: Robinson, Patsy D. 33 STREET ADDRESS: 1408 California Street 34 CITY-ST-ZIP: Tallahassee, FL 32301
TITLE:	NAME: Brown, Joseph L. (Dr.) STREET ADDRESS: 3124 Shannon Lakes North CITY-ST-ZIP: Tallahassee, FL 32308	41 TITLE: P/T/D 42 NAME: Brown, Joseph L. (Dr.) 43 STREET ADDRESS: 3124 Shannon Lakes North 44 CITY-ST-ZIP: Tallahassee, FL 32308
TITLE:	NAME: Brown, Edna S. STREET ADDRESS: 3124 Shannon Lakes North CITY-ST-ZIP: Tallahassee, FL 32308	51 TITLE: T 52 NAME: Brown, Edna S. 53 STREET ADDRESS: 3124 Shannon Lakes North 54 CITY-ST-ZIP: Tallahassee, FL 32308
TITLE:	NAME:	61 TITLE: 100001912431 62 NAME: -08/05/96--01032--038 63 STREET ADDRESS: ***122.50 64 CITY-ST-ZIP:

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.

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: *Joseph L. Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **7-22-96**
Daytime Phone #:

CR2E037 (12/95)