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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 # N95000004462 (6)

1. Corporation Name

UNIVERSITY MINISTRIES CHURCH OF GOD IN CHRIST OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

2122 POPPY STREET
TALLAHASSEE FL 32310

3124 SHANNON LAKES, NORTH
TALLAHASSEE FL 32308-2334

3. Date Incorporated or Qualified
09/19/1995

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

2. Principal Place of Business

2a. Mailing Address

21 2646 OLD Bainbridge Rd

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Tallahassee FL

28 City & State

24 Zip

32303

25 Country

29 Zip

30 Country

4. FEI Number

59-3359739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JOSEPH L DR.
3124 SHANNON LAKES, 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

TITLE PT DELETE
NAME BROWN, JOSEPH L DR.
STREET ADDRESS 3124 SHANNON LAKES NORTH
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T DELETE
NAME JONES, SONYA R
STREET ADDRESS 415 E BREVARD ST. #14
CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 280 JOHN KNOX Rd. Apt 209
2.4 CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D DELETE
NAME MARTIN, NANCY T
STREET ADDRESS 4059 MCCARTHY WAY
CITY-ST-ZIP TALLAHASSEE FL 32328

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

TITLE T DELETE
NAME BROWN, EDNA S
STREET ADDRESS 3124 SHANNON LAKES NORTH
CITY-ST-ZIP TALLAHASSEE FL 32308

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS 900002177109
-05/13/97--01086--012
4.4 CITY-ST-ZIP ***61.25

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP MOORE, MICHAEL
2901 TYRON CIR
Tallahassee, FL 32308

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ME EIRATH, RONALD
2901 SETTING SUN YR
TALLAHASSEE FL 32303

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97
Date

Daytime Phone # 6007607

CR2E037 (9/96)