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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500004462

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

Principal Flace of Business
2640 OLD BAINBRIDGE ROAD
TALLAHASSEE EL 32303

2. Principal Place of Business

Mailing Address

3124 SHANNON LK N. TALLAHASSEE FL 32308 US

2a. Mailing Address

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FILED Jun 21, 1999 8:00 am § Secretary of State

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- \$ 		
- !	I BRIKI NGIH GBILI GGLII TBI	I BABU BURU BUUK MEN KERK
	8811 481 180 180	81811 81818 81118 1181 1881

3. Date incorporated or Qualifed

09/19/1995

311		1201										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4. FEI Number.	20				ed For
	· · · 	27	-, - 		-		59;33597	39 .		<u> </u>		Applicable
City & State	e		City & State				5. Certifcate of	Status Desired		T		ditional
3		28					00/110010 01			Fee	Requ	uired
Zip	Country		Zip	Cou	ntry		6. Election Can	paign Financing		-		ay Be
4	25	29	<u></u>	30			Trust Fund C				ed to	Fees
	9. Name and Address of Current F	Regis	tered Agent				10. Name and A	ddress of New F	legistered	Agent		
					81	Name						
BROWN, JOSEPH L DR.				ŀ	82 Street Address (P.O. Box Number is Not Acceptable)							
	NNON LAKES, NORTH							•				
	SSEE FL 32308				83							
IALLAIIA	AND THE SECOND				_					les l	Zip Co	do
	1401				84	City			FL	85 2	ziķ Cu	ue
11 Durguant	to the provisions of Sections 617.0502 a	and 6	17 1508 Florida Statute	s the at	OVA	-named corpo	ration submits this	statement for the	purpose of	changing	its re	gistered
office or re agent. I a	to the provisions of Sections of 7.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florid	da. Such change was au	thonzed	by t	he corporation	n's board of directo	rs. I hereby accer	ot the appoi	ntment a	s regis	stered
SIGNATURE	Signature, typed or printed name of registered agent as	nd title	if applicable. (NOTE:	Registered	Agent	signature required	when reinstating)		DATE			
12.	OFFICERS AND	DIRE	CTORS	13.			ADDITIONS/C	HANGES TO OF	FICERS AN			
TITLE	PT		☐ DELETE	1.1 111	łЕ					☐ Char	nge	☐ Addition
NAME	BROWN, JOSEPH L DR.			1.2 NA	ME					•		
STREET ADDRESS	3124 SHANNON LAKES NORTH			1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32308			1.4 CIT	Y-ST	-ZIP						
TITLE	T	- "	☐ DELETE	2.1 TIT					111	☐ Char	nge	Addition
NAME	JONES, SONYA R			2.2 NA	ME							
STREET ADDRESS	280 JOHN KNOX ROAD APT 209	i		•		ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL-32303			2.4 CI								
TITLE	D F	-	☐ DELETE	3.1 TIT		· · · · · · · · · · · · · · · · · · ·	··· ,		3	☐ Char	nge	- Addition
NAME .	MARTIN, NANCY T			3.2 NA								
	•					ADDRESS						
STREET ADORESS	4059 MCCARTHY WAY							•				
CITY-ST-ZIP	TALLAHASSEE FL 32328		☐ DELETE	3.4. CI 4.1 TII		1-ZIP				☐ Char	10e	☐ Addition
TITLE			- Office			ŀ						
NAME	BROWN, EDNA S			4. 2 N								
STREET ADDRESS	3124 SHANNON LAKES NORTH					ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32308			4.4 CT		-ZIP				П ^ь-		T Addition
TITLE	D		DELETE	5.1 111						Cha	ııge	Addition Addition
NAME	MOORE, MICHAEL			5.2 NA								
STREET ADDRESS	2901 TYRON CIRCLE			5.3 ST	REET	ADDRESS			,			
CITY-ST-ZIP	TALLAHASSEE FL 32308		<u></u>	5.4 CF		-ZIP						
TITLE	D		☐ DELETE	6.1 TIT	LE					Chai	nge	☐ Addition
NAME	MCELRATH, RONALD			6.2 NA	ME	1						
STREET ADDRESS	2901 SETTING SUN TRAIL			6.3 ST	REET	ADDRESS	-					
CITY-ST-ZIP	TALLAHASSEE FL 32303			6.4 CF	ry-st	-ZiP						
44.4	certify that the information supplied with	4610.4	Site a decay and available for	the ever	matic		action 110 07(3)(i)	Florida Statutes	I further cer	tify that f	he inf	ormation

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE