

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 24 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 95000004462**

1. Entity Name
**UNIVERSITY Ministries Church of God in Christ
of Tallahassee**

Principal Place of Business Mailing Address
2640 Old Bambridge Rd.

2. Principal Place of Business 3. Mailing Address
2640 Old Bambridge Rd

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee FL Tallahassee FL

Zip Country Zip Country
32308 LEON 32303 LEON

4. FEI Number Applied For
59-3359739 Not Applicable

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

DO NOT WRITE IN THIS SPACE

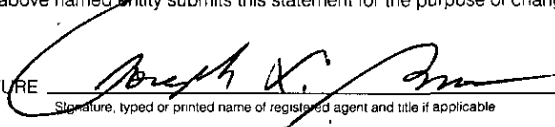
6. Name and Address of Current Registered Agent

**Joseph L. Brown
3124 Shannon Lk N
Tallahassee FL 32308**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE:  DATE: **5/24/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

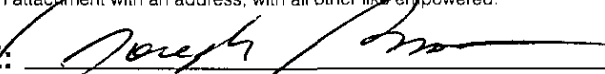
10. OFFICERS AND DIRECTORS

TITLE NAME	PT BROWN, JOSEPH L. DR <input type="checkbox"/> Delete
STREET ADDRESS	3124 SHANNON LAKES NORTH
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE NAME	T JONES, Sonya R. <input type="checkbox"/> Delete
STREET ADDRESS	280 JOHN KNOW ROAD APT 209
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE NAME	D MARTIN, NANCY T <input type="checkbox"/> Delete
STREET ADDRESS	4059 MCCARTHY WAY
CITY-ST-ZIP	TALLAHASSEE FL 32328
TITLE NAME	D BROWN, EDNA S <input type="checkbox"/> Delete
STREET ADDRESS	3124 SHANNON LAKES NORTH
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE NAME	D MOORE, MICHAEL <input type="checkbox"/> Delete
STREET ADDRESS	2901 TYRON CIRCLE
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE NAME	D MCELRATH, RONALD <input type="checkbox"/> Delete
STREET ADDRESS	2901 SETTING SUN TRAIL
CITY-ST-ZIP	TALLAHASSEE FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DBROWN, Jodie D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3124 SHANNON LK N
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE NAME	D BROWN, JOSEPH W <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3124 SHANNON LK N
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	LS
CITY-ST-ZIP	0000032650-3
	-05/24/00--01051--001
	*****70.00 *****70.00

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:  DATE: **5/24/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)