


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004462
 1. Entity Name
UNIVERSITY MINISTRIES CHURCH OF GOD IN CHRIST OF TALLAHASSEE, INC.



Principal Place of Business Mailing Address
2640 OLD BAINBRIDGE ROAD **2184 GATES DR**
TALLAHASSEE FL 32303 **TALLAHASSEE FL 32312**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/04)
 4. FEI Number Applied For
59-3359739 Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, JOSEPH L
2184 GATES DR
TALLAHASSEE FL 32312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PT BROWN, JOSEPH L DR.	<input type="checkbox"/> Delete
STREET ADDRESS	2184 GATES DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	S BROWN, JODIE D	<input type="checkbox"/> Delete
STREET ADDRESS	2184 GATES DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	D BROWN, JOSEPH W	<input type="checkbox"/> Delete
STREET ADDRESS	2184 GATES DR	
CITY-ST-ZIP	TALLAHASSEE FL 32328	
TITLE NAME	D BROWN, EDNA S	<input type="checkbox"/> Delete
STREET ADDRESS	2184 GATES DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE NAME	D BROWN, JOEDRECKA S	<input type="checkbox"/> Delete
STREET ADDRESS	8 BELLEVIEW BLVD UNIT 202	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE NAME	D MCELRATH, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	6016 WOODSPRING DR	
CITY-ST-ZIP	HOPE MILLS NC 28348	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	U00000244510	
CITY-ST-ZIP	02/26/05-80024-006 61.25	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Joseph L. Brown* **Joseph L. Brown** Date: *02/23/05* Daytime Phone #: *893-4600*