

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004462

FILED  
Mar 28, 2006  
Secretary of State

**Entity Name:** UNIVERSITY MINISTRIES CHURCH OF GOD IN CHRIST OF TALLAHASSEE, INC.

**Current Principal Place of Business:**

2640 OLD BAINBRIDGE ROAD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

2184 GATES DR  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 59-3359739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, JOSEPH L  
2184 GATES DR  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: BROWN, JOSEPH L DR.  
Address: 2184 GATES DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: BROWN, JODIE D  
Address: 2184 GATES DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BROWN, JOSEPH W  
Address: 2184 GATES DR  
City-St-Zip: TALLAHASSEE, FL 32328

Title: D ( ) Delete  
Name: BROWN, EDNA S  
Address: 2184 GATES DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BROWN, JOEDRECKA S  
Address: 8 BELLEVIEW BLVD UNIT 202  
City-St-Zip: BELLEAIR, FL 33756

Title: D ( ) Delete  
Name: MCELATH, RONALD  
Address: 6016 WOODSPRING DR  
City-St-Zip: HOPE MILLS, NC 28348

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L. BROWN

PT

03/28/2006

Electronic Signature of Signing Officer or Director

Date