

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004462

FILED
Mar 11, 2008
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: MCEL RATH, 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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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

DR.

03/11/2008

Electronic Signature of Signing Officer or Director

Date