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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90003 032 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001080**

1. Corporation Name

**UNIVERSITY BAPTIST CHURCH, INC.**

Principal Place of Business

**4803 RIVERVIEW BLVD W  
BRADENTON FL 34209**

Mailing Address

**4803 RIVERVIEW BLVD W  
BRADENTON FL 34209**



2. Principal Place of Business

**21 5600 Deer Drive**

Suite, Apt. #, etc.

**22**

City & State

**23 Sarasota FL**

Zip

**24 34240**

Country

**25 USA**

2a. Mailing Address

**26 5600 Deer Drive**

Suite, Apt. #, etc.

**27**

City & State

**28 Sarasota FL**

Zip

**29 34240**

Country

**30 USA**

3. Date Incorporated or Qualified

**02/28/1996**

4. FEI Number

**65-0653258**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MATHEWS, LURA B  
4803 RIVERVIEW BLVD W  
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name

**Same**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WILLIAMS, H.R.**

STREET ADDRESS **7813 BROADMOOR PINES BLVD**

CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☐ DELETE

NAME **KEENER, DAVID**

STREET ADDRESS **209 48TH ST CT E**

CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **D** ☐ DELETE

NAME **MATHEWS, WILLIAM R**

STREET ADDRESS **4803 RIVERVIEW BLVD**

CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **D** ☐ DELETE

NAME **RESTID, BRIAN**

STREET ADDRESS **4945 CLUBVIEW CT, E**

CITY-ST-ZIP **BRADENTON FL 34203**

TITLE **D** ☐ DELETE

NAME **GLIDDEN, WILLIAM**

STREET ADDRESS **10309 BALTRUSROL PL**

CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)