

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004462

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

**FILED**  
**Feb 01, 2013**  
**Secretary of State**  
**CC2865832544**

**Current Principal Place of Business:**

2184GATES DR.  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

2184 GATES DR  
TALLAHASSEE, FL 32312

**FEI Number: 59-3359739**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title PT  
Name BROWN, JOSEPH LDR.  
Address 2184 GATES DR  
City-State-Zip: TALLAHASSEE FL 32308

Title S  
Name BROWN, JODIE D  
Address 2184 GATES DR  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name BROWN, JOSEPH W  
Address 2184 GATES DR  
City-State-Zip: TALLAHASSEE FL 32328

Title D  
Name BROWN, JOHANN L  
Address 2184 GATES DR  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name BROWN, JOEDRECKA S  
Address 12613 BASSBROOK LANE  
City-State-Zip: TAMPA FL 33626

Title D  
Name MCEL RATH, RONALD  
Address 6016 WOODSPRING DR  
City-State-Zip: HOPE MILLS NC 28348

*I hereby 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 all other like empowered.*

**SIGNATURE: DR. JOSEPH L. BROWN**

**PRESIDENT**

**02/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date