2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 723825

1. Entity Name
UNIVERSAL HEALING CENTER & CHAPEL, INC.

Principal Place of Business	Mailing Address
495 W. MERRITT AVENUE MERRITT ISLAND, FL 32953	495 W. MERRITT AVENUE MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2523372

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLER, JEANE H
2180 WINSTON DR
COCOA, FL 32926

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

U00000196434
01/26/05-80068-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	STOCKTON, MARY LOU
STREET ADDRESS	110 VIA DE LA REINA
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	ELAM, JACKIE
STREET ADDRESS	1054 N. 17-92
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D
NAME	CASEY, SIGRID A
STREET ADDRESS	340 MOCKINGBIRD LANE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	TD
NAME	FOX, WILMA
STREET ADDRESS	343 N. TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	P
NAME	WALLER, REV J
STREET ADDRESS	2180 WINSTON DR
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	RIFFE, DELIGHT
STREET ADDRESS	1204 ADMIRALTY BLVD
CITY-ST-ZIP	ROCKLEDGE, FL 32955

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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: Wilma M. Fox Wilma M. Fox 1/24/05 321-454-3819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #