

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003073 (2)

1. Corporation Name

UNIVERSAL CHRISTIAN GNOSTIC MOVEMENT OF THE U.S.
A. (NEW ORDER), INC.



Principal Place of Business

Mailing Address

5520 CONNECTICUT AVE NW
SUITE 9
WASHINGTON DC 20015

5520 CONNECTICUT AVE NW
SUITE 9
WASHINGTON DC 20015

3. Date Incorporated or Qualified
06/26/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOSA, WILLIAM N
3528 W. FLAGLER ST
MIAMI FL 33135

81 Name

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME TORRES, RAUL A
STREET ADDRESS 5520 CONNECTICUT AVE NW, SUITE 9
CITY-ST-ZIP WASHINGTON DC 20015

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V DELETE
NAME GARCIA, MARIA F
STREET ADDRESS 5520 CONNECTICUT AVE NW, SUITE 9
CITY-ST-ZIP WASHINGTON DC 20015

2.1 TITLE V. (Director) Change Addition
2.2 NAME JORGE A. CUELLAR
2.3 STREET ADDRESS 5520 CONNECTICUT AVE NW, STE 9
2.4 CITY-ST-ZIP WASHINGTON, DC 20015

TITLE S DELETE
NAME CASTRO, LIDIA
STREET ADDRESS 5520 CONNECTICUT AVE NW, SUITE 9
CITY-ST-ZIP WASHINGTON DC 20015

3.1 TITLE S. (Director) Change Addition
3.2 NAME ROBERTO C. MARTINEZ
3.3 STREET ADDRESS 5520 CONNECTICUT AVE NW, STE 9
3.4 CITY-ST-ZIP WASHINGTON, DC 20015

TITLE T DELETE
NAME PORTILLO, PEDRO
STREET ADDRESS 5520 CONNECTICUT AVE NW, SUITE 9
CITY-ST-ZIP WASHINGTON DC 20015

4.1 TITLE T. (Director) Change Addition
4.2 NAME PEDRO C. FIGUEROA
4.3 STREET ADDRESS 5520 CONNECTICUT AVE NW STE. 9
4.4 CITY-ST-ZIP WASHINGTON, DC 20015

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

800001838138

-05/24/96--01026--09 Change Addition

***\$1.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL A. TORRES, President (202) 244-2901

Date Daytime Phone #

CR2E037 (12/95)