


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 5520 CONNECTICUT AVE NW SUITE 9 WASHINGTON DC 20015	Mailing Address P.O. BOX 1570 INDEPENDENCE MO 64055-0570
---------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

3. Date Incorporated or Qualified 06/26/1995	3a. Date of Last Report 05/23/1996
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business 21 1640 COLLINGTON AVE	2a. Mailing Address 26 P.O. BOX 1570
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 KANSAS CITY MO	City & State 28 INDEPENDENCE, MO
Zip 24 64126	Country 25 U.S.A.
Zip 29 64133	Country 30 U.S.A.

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SOSA, WILLIAM N
3528 W. FLAGLER ST
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name WILLIAM SOSA
82 Street Address (P.O. Box Number is Not Acceptable) 3528 W. FLAGLER ST
83 City MIAMI, FL
85 Zip Code 33135

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	TORRES, RAUL A	
STREET ADDRESS	5520 CONNECTICUT AVE NW, SUITE 9	
CITY-ST-ZIP	WASHINGTON DC 20015	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUELLAR, JORGE A	
STREET ADDRESS	5520 CONNECTICUT AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20015	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ROBERTO C	
STREET ADDRESS	5520 CONNECTICUT AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20015	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FIGUREROA, PEDRO C	
STREET ADDRESS	5520 CONNECTICUT AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)