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Mar 26 1998 8:00am
Secretary of State

FOR NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 1640 CORRINGTON AVE SUITE 9 KANSAS CITY MO 64126 US
Mailing Address: P.O. BOX 1570 INDEPENDENCE MO 64133 US

3. Date Incorporated or Qualified: 06/26/1995
4. FEI Number: 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: WILLIAM SOSA, 3528 W. FLAGLER STREET, MIAMI FL 33135

10. Name and Address of New Registered Agent: Name: ORTIZ, Ramiro; Street Address: 1784 West Flagler St. Suite 16; City: MIAMI; State: FL; 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: DAMIRO ORTIZ
DATE: 2/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: TORRES, RAUL A	1.1 TITLE: SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5520 CONNECTICUT AVE NW, SUITE 9	CITY-ST-ZIP: WASHINGTON DC 20015	1.2 NAME: TORRES, RAUL A.	
		1.3 STREET ADDRESS: 1204 SOUTH WOODLAN	
		1.4 CITY-ST-ZIP: INDEPENDENCE, MO 64052	
TITLE: VD	NAME: CUELLAR, JORGE A	2.1 TITLE: DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5520 CONNECTICUT AVE NW	CITY-ST-ZIP: WASHINGTON DC 20015	2.2 NAME: CUELLAR, JORGE A.	
		2.3 STREET ADDRESS: 1204 SOUTH WOODLAND	
		2.4 CITY-ST-ZIP: INDEPENDENCE, MO 64052	
TITLE: SD	NAME: MARTINEZ, ROBERTO C	3.1 TITLE: Auditor "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5520 CONNECTICUT AVE NW	CITY-ST-ZIP: WASHINGTON DC 20015	3.2 NAME: MARTINEZ, ROBERTO C.	
		3.3 STREET ADDRESS: 1204 SOUTH WOODLAND	
		3.4 CITY-ST-ZIP: INDEPENDENCE, MO 64052	
TITLE: TD	NAME: FIGUREROA, PEDRO C	4.1 TITLE: Vice-president "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5520 CONNECTICUT AVE NW	CITY-ST-ZIP: WASHINGTON DC 20015	4.2 NAME: FIGUREROA, PEDRO C	
		4.3 STREET ADDRESS: 1204 SOUTH WOODLAND	
		4.4 CITY-ST-ZIP: INDEPENDENCE, MO 64052	
TITLE: [Blank]	NAME: [Blank]	5.1 TITLE: President "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	5.2 NAME: ALVAREZ, MILLIE M.	
		5.3 STREET ADDRESS: 1204 SOUTH WOODLAND	
		5.4 CITY-ST-ZIP: INDEPENDENCE, MO 64052	
TITLE: [Blank]	NAME: [Blank]	6.1 TITLE: Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	6.2 NAME: Jorge E. Arcila	
		6.3 STREET ADDRESS: 1204 S. Woodland	
		6.4 CITY-ST-ZIP: INDEPENDENCE, MO 64052	

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.

SIGNATURE: Millie M. Alvarez
DATE: 01-16-98

CR2E037 (10/97)