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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000003073

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
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2. Principal Place of Business 21 <i>Universal Christian Gnostic Movement</i> Suite, Apt. #, etc. 22 <i>1204 S. Woodland</i> City & State 23 <i>Independence, MO.</i> Zip Country 24 <i>64050-4244</i> 25 <i>USA</i>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/26/1995	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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent
ORTIZ, RAMIRO
1784 WEST FLAGLER STREET
SUITE 16
MIAMI FL 33135

10. Name and Address of New Registered Agent
 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: Ramiro Ortiz DATE: 1-25-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, RAUL A	
STREET ADDRESS	1204 SOUTH WOODLAND	
CITY-ST-ZIP	INDEPENDENCE MO 64052	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUELLAR, JORGE A	
STREET ADDRESS	1204 SOUTH WOODLAND	
CITY-ST-ZIP	INDEPENDENCE MO 64052	
TITLE	AD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, ROBERTO C	
STREET ADDRESS	1204 SOUTH WOODLAND	
CITY-ST-ZIP	INDEPENDENCE MO 64052	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FIGUREROA, PEDRO C	
STREET ADDRESS	1204 SOUTH WOODLAND	
CITY-ST-ZIP	INDEPENDENCE FL 64052	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, MILLIE M.	
STREET ADDRESS	1204 SOUTH WOODLAND	
CITY-ST-ZIP	INDEPENDENCE MO 64052	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ARCILA, JORGE E.	
STREET ADDRESS	1204 SOUTH WOODLAND	
CITY-ST-ZIP	INDEPENDENCE MO 64052	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diana Arcila	
1.3 STREET ADDRESS	1204 S. Woodland	
1.4 CITY-ST-ZIP	Independence, MO 64050	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Zoraida Sierra	
2.3 STREET ADDRESS	1204 S. Woodland	
2.4 CITY-ST-ZIP	Independence, MO 64050	
3.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jose Monjaras	
3.3 STREET ADDRESS	1204 S. Woodland	
3.4 CITY-ST-ZIP	Independence, MO 64050	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eduardo Jimenez	
4.3 STREET ADDRESS	1204 S. Woodland	
4.4 CITY-ST-ZIP	Independence, MO. 64050	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jose Perez	
6.3 STREET ADDRESS	1204 S. Woodland	
6.4 CITY-ST-ZIP	Independence, MO. 64050	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), 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, with all other like empowered.

SIGNATURE: M. Alvarez **REQUIRED** 1-25-99 816-461-2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)