## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000003073

FILED Mar 15, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1204 SOUTH WOODLAND AVENUE INDEPENDENCE, MO 640504244 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1570 INDEPENDENCE, MO 64133 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, TADEO ARBELAEZ, ZORAIDA 854 1/2 FRÁNCIS ST. 333 SOUTHERN BLVD WEST PALM BEACH, FL 33405 STE 303 US WEST PALM BEACH, FL 33405 US 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. SIGNATURE: ZORAIDA ARBELAEZ 03/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GAYOZO, GRACIELA Name: Name: 1204 SOUTH WOODLAND AVE Address: Address: City-St-Zip: INDEPENDENCE, MO 640504244 City-St-Zip: Title: Title: ( ) Delete () Change () Addition FLORES, MAURICIO Name: Name: Address: 1204 SOUTH EOODLAND AVE Address: City-St-Zip: INDEPENDENCE, MO 640504244 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HUEZO, ENRIQUE CUELLAR, JORGE Name: Name: 1204 SOUTH WOODKAND 1204 SOUTH WOODKAND Address: Address: City-St-Zip: INDEPENDENCE, MO 640504244 City-St-Zip: INDEPENDENCE, MO 640504244 Title: ( ) Delete Title: () Change () Addition Name: RAMIREZ, JUAN F Name: 1204 SOUTH WOODLAND AVE Address: Address: City-St-Zip: INDEPENDENCE, MO 640504244 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition POSSO, OFELIA Name: Name: 1204 SOUTH WOODLAND AVE Address: Address: INDEPENDENCE, MO 640504244 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACIELA GAYOZO P 03/15/2009