2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # 768355 1. Entity Name UNIVERSITY ASSEMBLY OF GOD, INC.				DON I	ecretary 05-05-2008 90266 (
3000 SW 107 AVE. 3000		Mailing Address 3000 SW 107 AVE. MIAMI, FL 33165		4600			1 1 11 1	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address					
		Suite, Apt. #, etc.			05022008 Chg-NP CR2E037 (12/06)			
City & State C		City & State	ity & State		4		lied For Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Additive Fee Required	ional	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CHUNG, WILLIAM R.			Name					
14357 SW 102 ST MIAMI, FL. 33186			Street Address ((P.O. Box Number is Not Acceptable)			
			City		· 	Zip Code		
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	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	gistered office or re	egistered agent, or both, in	the State of Horida. I an	n familiar with, ar	nd accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature i	required when reinstating)	DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008	and title if applicable. (NOTE: R 9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be	Make che	ck payable to	te	
	Filing Fee is \$61.25	Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make che	ertment of Stat		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _<

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

305-572-6109

Daytime Phone #