

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90271 020 ****66.25



DOCUMENT # 719468
 1. Entity Name
UNIVERSAL LIFE CHURCH OF FLORIDA, INC.

Principal Place of Business Mailing Address
9291 SE 109TH LANE **C/O EDNA SENIORR**
#2 **90 TEAK LOOP, #B-1**
BELLEVIEW FL 34420 **OCALA FL 34472**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
94-1599959 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NICHOLSON, RODOLFO A DR
90 TEAK LOOP
#2
OCALA FL 34472

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	NICHOLSON, RODOLFO REV	
STREET ADDRESS	90 TEAK LOOP	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	MD	<input type="checkbox"/> Delete
NAME	HASSAN, PARVAJ REV	
STREET ADDRESS	90 TEAK LOOP	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	MD	<input type="checkbox"/> Delete
NAME	ECHAVARIA, PEDRO REV	
STREET ADDRESS	90 TEAK LOOP	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	SW	<input type="checkbox"/> Delete
NAME	KERN, LOIS	
STREET ADDRESS	90 TEAK LOOP	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Dr. R. Nicholson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05 (646) 621-8385
 Date Daytime Phone #

(352) 624-0165