

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719468

FILED
Feb 09, 2006
Secretary of State

Entity Name: UNIVERSAL LIFE CHURCH OF FLORIDA, INC.

Current Principal Place of Business:

9291 SE 109TH LANE
#2
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

C/O EDNA SENIORR
90 TEAK LOOP, #B-1
OCALA, FL 34472

New Mailing Address:

FEI Number: 94-1599959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NICHOLSON, RODOLFO A DR
90 TEAK LOOP
#2
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: NICHOLSON, RODOLFO REV
Address: 90 TEAK LOOP
City-St-Zip: OCALA, FL 34472

Title: MD () Delete
Name: HASSAN, PARVAJ REV
Address: 90 TEAK LOOP
City-St-Zip: OCALA, FL 34472

Title: MD () Delete
Name: ECHEVARIA, PEDRO REV
Address: 90 TEAK LOOP
City-St-Zip: OCALA, FL 34472

Title: SW () Delete
Name: KERN, LOIS
Address: 90 TEAK LOOP
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. RODOLFO A. NICHOLSON

MD

02/09/2006

Electronic Signature of Signing Officer or Director

Date