

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721022** (2)

1. Corporation Name

UNIVERSAL LIFE UNIVERSITY INCORPORATED



Principal Place of Business	Mailing Address
601 THIRD STREET MODESTO CA 95351	601 THIRD STREET MODESTO CA 95351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1971		3a. Date of Last Report 08/27/1996	
4. FEI Number 94-1599959		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 601 - 3rd ST	26 601 - 3rd ST.	94-1599959	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 MODESTO	27	6. Election Campaign Financing	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 CALIFORNIA	28 MODESTO, CALIFORNIA		
Zip	Country	Zip	Country
24 95351	25 USA	29 95351	30 USA

9. Name and Address of Current Registered Agent

LAMAS, MICHAEL
2347 WILSON STREET
HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSLEY, KIRBY J. DD	1.2 NAME	BISHOP CHARLES MOORE, P.D.
STREET ADDRESS	1768 POLAND ROAD	1.3 STREET ADDRESS	P.O. Box 987
CITY-ST-ZIP	MODESTO CA	1.4 CITY-ST-ZIP	SALOME, AZ 85308
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMBEAU, ROBERT E.	2.2 NAME	ANDRE J. HENSLEY
STREET ADDRESS	38 RYAN AVE.	2.3 STREET ADDRESS	1420 WOODLANE AVE.
CITY-ST-ZIP	MILL VALLEY CA	2.4 CITY-ST-ZIP	MODESTO, CA 95351
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSLEY, LIDA G.	3.2 NAME	DAVE C. CHOWANAK
STREET ADDRESS	1768 POLAND ROAD	3.3 STREET ADDRESS	2120 CARRIGAN
CITY-ST-ZIP	MODESTO CA	3.4 CITY-ST-ZIP	TURLOCK, CA 95380
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP R.C. "ROCKEY" GANN, Ph.D.	4.2 NAME	
STREET ADDRESS	605 CALIFORNIA WAY, SP. 20	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGVIEW, WA 98632	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSETTA LYKINS, DD	5.2 NAME	
STREET ADDRESS	111227 PANTHER PEAK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON, AZ 85743	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZANITA H. LOWAREK, BSN, RN	6.2 NAME	
STREET ADDRESS	418 PALM AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELIPAN, CA 95366	6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE

SIGNATURE REQUIRED

Lida G. Hensley

CR2E037 (4/97)