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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 721022

1. Corporation Name

UNIVERSAL LIFE UNIVERSITY INCORPORATED

Principal Place of Business

601 THIRD STREET  
MODESTO CA 95351

Mailing Address

601 THIRD STREET  
MODESTO CA 95351  
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

05/24/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
94-1599959

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMAS, MICHAEL  
2347 WILSON STREET  
HOLLYWOOD FL 33020

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 ☐ DELETE  
NAME HENSLEY, KIRBY J, DD  
STREET ADDRESS 1766 POLAND ROAD  
CITY-ST-ZIP MODESTO CA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME IMBEAU, ROBERT E,  
STREET ADDRESS 38 RYAN AVE.  
CITY-ST-ZIP MILL VALLEY CA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME HENSLEY, LIDA G.  
STREET ADDRESS 1766 POLAND ROAD  
CITY-ST-ZIP MODESTO CA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MOORE, CHARLES B DD  
STREET ADDRESS P O BOX 987 N/A  
CITY-ST-ZIP SALOME AZ

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HENSLEY, ANDRE J  
STREET ADDRESS 1420 WOODLANE AVE  
CITY-ST-ZIP MODESTO CA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CHOVANAK, DAVE C  
STREET ADDRESS 2120 CARRIGAN  
CITY-ST-ZIP TURLOCK CA

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Lida G. Hensley  
SIGNATURE REQUIRED HENSLEY

1-15-99

209 527-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)