


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 723520</b> 1. Entity Name <b>THE UNIVERSAL ASSOCIATION OF SPIRITUAL LOVE, INC.</b>	
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Principal Place of Business <b>3705 OCEAN DR VERO BCH, FL 32963 US</b>	Mailing Address <b>P.O. BOX 3325 VERO BEACH, FL 32964-3325 US</b>
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04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1847967</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CAROL ROMINE 3705 OCEAN DR VERO BCH, FL 32963</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the State is applicable. (NOTE: Registered Agent signature required when substituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, PHYLLIS 875 NE 48TH ST 47 POMPAHO BCH, FL 08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ROMINE, CAROL 3705 OCEAN DR VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEARD, DONALD 3705 OCEAN DR VERO BCH, FL
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04/12/05-80010-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Carol Romine Sec  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05 1722340228  
Date Daytime Phone #