## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 723825

(6)

CHRIST'S	<b>UNIVERSAL</b>	CHURCH	INC.
VI II II V	DISTRIBUTE		11100

CHRIST'S UNIVERSAL CHURCH, INC.				1 200 (1) (200 1) (200 1) (200 1)				
Principal Place of Business		Mailing Address						
	FROPICAL TRAIL AND FL 32953-4819	295 NORTH TROPICAL TO MERRITT ISLAND FL 3295						
					3. Date Incorporated or Qualified 07/06/1972		Last Report 1/1995	
2. Principal Pi	face of Business	2a. Mailing Address 26			4. FEI Number 59-2523372		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		•		\$!	8.75 Additional	
22		27		Certificate of Status Desired		Fee Required		
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees	
Ζίρ <b>24</b>	Country 25	Zip 29	Country		8. This corporation has liability for i	intangible tax und		
24	9. Name and Address of Currer		30		Florida Statutes  10. Name and Address of New R	Yes MYNo		
		g.a.co.oo x.gon	81	Name	TO. Hame and Address of New A	egistered Agen	14	
PAHLIC	NENZEN			<b>A</b>				
PAUL LORENZEN 540 MILFORD POINT DRIVE		82	Street	Address (P.O. Box Number is Not Acceptab	le) ,			
	ISLAND FL 32952		83			- <del></del>		
			84	City		85	i Zip Code	
11 Divisiont	to the conditions of Co-F 017 0500	0 - 1017 1500 5: 11 0: 1			Merritt Island	⊢l. I	1 32952	
or register	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	ida. Such change was authorized	the above-r	named co oration's	progration submits this statement for the pur board of directors. I hereby accept the appo	pose of changing pintment as regis	3 its registered office tered agent. I am	
SIGNATURE	Signature, typed or printed name of registered agen	t and bills if worth airlin	D				· Amil · m	
12.		ID DIRECTORS	13.	f signature n	equired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CLORS IN 12	
TITLE	Р	DELETE	1.1 TITLE		C	<b>∏</b> Cha		
NAME	LOREZEN, PAUL		1.2 NAME		Lorenzen, Paul	42.5		
STREET ADDRESS	540 MILFORD POINT ROAD		1.3 STREET	ADDRESS	540 Milford Point Road			
CITY - ST - ZIP	MERRITT ISLAND FL 32952		1.4 CITY - S	T - ZIP	Merritt Island, FL 32952			
TITLE	D	DELETE	2 1 TITLE		D	☐ Cha	ange 😿 Addition	
NAME	MAY, PAULINE		2 2 NAME		Phillip Waller			
STREET ADDRESS	295 N. TROPICAL TRAIL		2 3 STREET	ADDRESS	2180 Winston Drive			
CITY-ST-ZIP TITLE	MERRITT ISLAND FL 32953	DELETE	2 4 CITY - 5	I - ZIP	Cocoa, FL 32926			
NAME	D CANTAL MANCETTA	[ ] DETE IE	3.1 TITLE		D	. Cha	ange 🔯 Addition	
STREET ADDRESS	SMITH, VINETTA 6395 KINGDOM AVENUE		3.2 NAME 3.3 STREET	ADDRESS	Wilma Fox			
CITY-ST-ZIP	COCOA FL 32927		3.4. CITY - S		343 N. Tropical Trail			
THILE	D	DELETE	41 TITLE	11-21-	Merritt Island, FL 32953	Cha	ange 🖸 Addition	
NAME	DELONE, FLORINE E	_	4 2 NAME		Rev. James Bryant		ango Ka riodition	
STREET ADDRESS	205 PALMETTO AVENUE, #60	07	43 STREET	ADDRESS	1450 Glen Haven Drive			
CITY-ST-ZIP	MERRITT ISLAND FL 32953		4 4 CITY - S	T - ZIP	Merritt Island, FL 32953			
TITLE		DELETE	5.1 TITLE			☐ Cha	ange 🔲 Addition	
NAME			5 2 NAME	1				
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY - ST - ZIP		Doctor	5 4 CHTY-S	I - ZIP				
TITLE NAME		DELETE	6.1 TITLE			☐ Cha	ange	
STREET ADDRESS			6.2 NAME	ADDRESS				
CITY-ST-ZIP			6 3 STREET					
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furnish	6 4 CITY - S' ed and does	not nua	ify for the exemption stated in Section 119.0	07(3)(k), Florida 5	Statutes. I further	
certify that	i the information indicated on this anni	ual report or supplemental annual oration or the receiver or trustee e	report is tru	a and ac	curate and that my signature shall have the a this report as required by Chapter 617, Flo	cama lagal official	Loo if modernoder	

SIGNATURE: \_

RW Genes Bryand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REV James Ryjantt

3/19/96 407-783-5555 Date Dayting Phone #

CR2E037 (12/95)