

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # **723825** (6)  
1. Corporation Name  
**CHRIST'S UNIVERSAL CHURCH, INC.**



Principal Place of Business <b>295 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953-4819</b>	Mailing Address <b>295 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953-4819</b>
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/06/1972</b>	3a. Date of Last Report <b>03/22/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2523372</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PAUL LORENZEN 540 MILFORD POINT DRIVE MERRITT ISLAND FL 32952</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOREZEN, PAUL</b>	1.2 NAME	
STREET ADDRESS	<b>540 MILFORD POINT ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLER, PHILLIP</b>	2.2 NAME	
STREET ADDRESS	<b>2180 WINSTON DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, VINETTA</b>	3.2 NAME	
STREET ADDRESS	<b>6395 KINGDOM AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL 32927</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELONE, FLORINE E</b>	4.2 NAME	
STREET ADDRESS	<b>205 PALMETTO AVENUE, #607</b>	4.3 STREET ADDRESS	<b>EVERYTHING ELSE THE SAME</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOX, WILMA</b>	5.2 NAME	
STREET ADDRESS	<b>343 N. TROPICAL TRAIL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYANTM REV. JAMES</b>	6.2 NAME	<b>BRYANT</b>
STREET ADDRESS	<b>1450 GLEN HAVEN DRIVE</b>	6.3 STREET ADDRESS	<b>EVERYTHING ELSE THE SAME</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	6.4 CITY-ST-ZIP	

4. 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, changed, or on an attachment with an address.

SIGNATURE: *Jim Bryant* **Jim Bryant** President **3/21/97** **407-783-5855**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020136

CR2E037 (9/96)