


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723825					
1. Corporation Name CHRIST'S UNIVERSAL CHURCH, INC.					
Principal Place of Business 295 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953-4819			Mailing Address 295 NORTH TROPICAL TRAIL MERRITT ISLAND FL 32953-4819		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2523372	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALLER, PHILIP 2180 WINSTON DR COCOA FL 32926				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Philip L. Waller **PHILIP L. WALLER** 1/20/99
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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOREZEN, PAUL			1.2 NAME			
STREET ADDRESS	540 MILFORD POINT ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			1.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		2.1 TITLE	C/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLER, PHILLIP			2.2 NAME			
STREET ADDRESS	2180 WINSTON DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, VINETTA			3.2 NAME			
STREET ADDRESS	6395 KINGDOM AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32927			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIORENZO, SUSAN			4.2 NAME			
STREET ADDRESS	345 MOCKINGBIRD LN			4.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32953			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	T/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOX, WILMA			5.2 NAME			
STREET ADDRESS	343 N. TROPICAL TRAIL			5.3 STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLER, REV J			6.2 NAME			
STREET ADDRESS	2180 WINSTON DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32926			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: Philip L. Waller **PHILIP L. WALLER** 1/20/99 407-6322664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)