

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 723825**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2523372

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLER, PHILIP
2180 WINSTON DR
COCOA FL 32926**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
WALLER, PHILLIP
2180 WINSTON DRIVE
COCOA FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Stockton, Mary Lou
110 Via de la Reina
Merritt Island, FL 32953** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SMITH, VINETTA
6395 KINGDOM AVENUE
COCOA FL 32927** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Elam, Jackie
1054 N 17-92
Longwood, FL 32750** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CASEY, SIGRID A
340 MOCKINGBIRD LANE
MERRITT ISLAND FL 32953** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FOX, WILMA
343 N. TROPICAL TRAIL
MERRITT ISLAND FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WALLER, REV J
2180 WINSTON DR
COCOA FL 32926** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BALOGA, KATHY
6437 FAIRCHILD AVE
COCOA FL 32927** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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: **WILMA FOX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 321-454-3819

Date

Daytime Phone #

811240

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)