


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90004 032 \*\*\*\*61.25

<b>DOCUMENT # 723825</b>			
1. Entity Name <b>UNIVERSAL HEALING CENTER &amp; CHAPEL, INC.</b>			
Principal Place of Business <b>495 W. MERRITT AVENUE MERRITT ISLAND FL 32953</b>		Mailing Address <b>495 W. MERRITT AVENUE MERRITT ISLAND FL 32953</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>WALLER, PHILIP 2180 WINSTON DR COCOA FL 32926</b>		7. Name and Address of New Registered Agent Name <b>Jeane H. Waller</b> Street Address (P.O. Box Number is Not Acceptable) <b>2180 WINSTON DR.</b> <b>Cocoa, FL 32</b> City <b>Cocoa, FL</b> FL Zip Code <b>32926</b>	
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 <i>Jeane H. Waller</i> DATE <b>-1-21-2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOCKTON, MARY LOU</b> <b>110 VIA DE LA REINA</b> <b>MERRITT ISLAND FL 32953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SMITH, VINETTA</b> <b>6395 KINGDOM AVENUE</b> <b>COCOA FL 32927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Elam, Jackie</b> <b>1054 N 17-92</b> <b>Longwood, FL 32750</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASEY, SIGRID A</b> <b>340 MOCKINGBIRD LANE</b> <b>MERRITT ISLAND FL 32953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>FOX, WILMA</b> <b>343 N. TROPICAL TRAIL</b> <b>MERRITT ISLAND FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALLER, REV J</b> <b>2180 WINSTON DR</b> <b>COCOA FL 32926</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BALOGA, KATHY</b> <b>6437 FAIRCHILD AVE</b> <b>COCOA FL 32927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Riffe, Delight</b> <b>1204 Admiralty Blvd.</b> <b>Rockledge, FL 32955</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 M. Fox* **Wilma M. Fox**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/04** **321-454-3819**  
Date Daytime Phone #