

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90425 004 ****61.25

DOCUMENT # 723825

1. Entity Name

UNIVERSAL HEALING CENTER & CHAPEL, INC.



Principal Place of Business

495 W. MERRITT AVENUE
MERRITT ISLAND FL 32953

Mailing Address

495 W. MERRITT AVENUE
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

WALLER, JEANE H
2180 WINSTON DR
COCOA FL 32926

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent:

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 \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME STOCKTON, MARY LOU
STREET ADDRESS 110 VIA DE LA REINA
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D ☐ Delete
NAME ELAM, JACKIE
STREET ADDRESS 1054 N. 17-92
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Delete
NAME CASEY, SIGRID A
STREET ADDRESS 340 MOCKINGBIRD LANE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE TD ☐ Delete
NAME FOX, WILMA
STREET ADDRESS 343 N. TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL

TITLE P ☐ Delete
NAME WALLER, REV J
STREET ADDRESS 2180 WINSTON DR
CITY-ST-ZIP COCOA FL 32926

TITLE D ☐ Delete
NAME RIFFE, DELIGHT
STREET ADDRESS 1204 ADMIRALTY BLVD
CITY-ST-ZIP ROCKLEDGE FL 32955

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 H. Fox* *4/18/06* *454-3819*