

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90064 018 ****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



☐ CHECK HERE IF MAKING CHANGES

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Delete
NAME **WALLER, PHILLIP**
STREET ADDRESS **2180 WINSTON DRIVE**
CITY-ST-ZIP **COCOA FL**

TITLE **D** ☐ Change ☒ Addition
NAME **STOCKTON, MARY LOU**
STREET ADDRESS **110 VIA DE LA REINA**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE **SD** ☐ Delete
NAME **SMITH, VINETTA**
STREET ADDRESS **6395 KINGDOM AVENUE**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **D** ☐ Change ☒ Addition
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 **D** ☒ Change ☐ Addition
NAME **WALLER, PHILIP**
STREET ADDRESS **2180 WINSTON DRIVE**
CITY-ST-ZIP **COCOA, FL 32926**

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

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

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

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

TITLE **D** ☒ Delete
NAME **BALOGA, KATHY**
STREET ADDRESS **6437 FAIRCHILD AVE**
CITY-ST-ZIP **COCOA FL 32927**

TITLE **CD** ☒ Change ☐ Addition
NAME **BALOGA, KATHY**
STREET ADDRESS **6437 FAIRCHILD AVE**
CITY-ST-ZIP **COCOA, FL 32927**

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**

1/21/03 321-454-3819

CR2E037 (10/02)