

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730173

1. Entity Name

UNIVERSAL LIGHT OF CHRIST CHURCH, INC.

Principal Place of Business

Mailing Address

~~2742 AURORA RD.~~
P.O. BOX 1348
AZLE TX 76020

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P.O. BOX 1348
AZLE TX 76020

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90335 047 ****70.00

00013034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

559 W. FAUGALLIE BLVD.
Suite, Apt. #, etc. MELBOURNE, FL
PO BOX 1348

559 W. FAUGALLIE BLVD.
Suite, Apt. #, etc.
PO BOX 1348

City & State
AZLE, TX 76020

City & State
AZLE TX 76020

Zip Country

Zip Country

4. FEI Number 51-0199457

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

GIBNEY, JEAN
852 TUPELO DR.
MELBOURNE FL 32935

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 \$61.25

9. 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 PD
NAME RAIMONDO, PATRICIA ☐ Delete
STREET ADDRESS 130 THOMAS LEN RD
CITY-ST-ZIP AZLE TX

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

TITLE D
NAME POWELL, VIVIANNE ☐ Delete
STREET ADDRESS 3909 OHIO GARDEN RD. TR 31
CITY-ST-ZIP FORT WORTH TX 76114

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

TITLE D
NAME JOYCE, SUE ☐ Delete
STREET ADDRESS RT. 1, BOX 496
CITY-ST-ZIP COPPERHILL TN

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 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:

Patricia Raimondo PATRICIA RAIMONDO 4-10-02 817-237-7840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)