


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

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90125 015 ****70.00

DOCUMENT # 730173 1. Entity Name UNIVERSAL LIGHT OF CHRIST CHURCH, INC.					
Principal Place of Business 559 W. EAU GALLIE BLVD. P.O. BOX 1348 AZLE TX 76020			Mailing Address 559 W. EAU GALLIE BLVD. P.O. BOX 1348 AZLE TX 76020		
2. Principal Place of Business 414 N. MIRAMAR AVE (Hwy 71A) INDIAN LAKE, FL			3. Mailing Address PO Box 1348 Suite, Apt. #, etc.		
City & State PO Box 1348 Azle TX			City & State Azle TX		
Zip 76020		Country		Zip 76020	
Country		Country		4. FEI Number 51-0199457	
6. Name and Address of Current Registered Agent GIBNEY, JEAN 3610 CHEVELLE DR MELBOURNE FL 32904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAIMONDO, PATRICIA 130 THOMAS LEN RD AZLE TX	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, VIVIANNE 3909 OHIO GARDEN RD. TR 31 FORT WORTH TX 76114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, SUE RT. 1, BOX 496 COPPERHILL TN	<input type="checkbox"/> Delete			
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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: <i>Rev Patricia Raimondo</i> Rev PATRICIA RAIMONDO 4-28-04-237-7840					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E037 (11/03)

4. FEI Number **51-0199457** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL Zip Code

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SIGNATURE: *Rev Patricia Raimondo* **Rev PATRICIA RAIMONDO** **4-28-04-237-7840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR