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

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # 730173 1. Entity Name 04-03-2006 90400 041 ****70.00 UNIVERSAL LIGHT OF CHRIST CHURCH, INC. Principal Place of Business Mailing Address 414 N MIRAMAR AVE (HWY A1A) P.O. BOX 1348 P.O. BOX 1348 AZLE TX 76020 **AZLE TX 76020** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 51-0199457 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIBNEY, JEAN Street Address (P.O. Box Number is Not Acceptable) 3610 CHEVELLE DR MELBOURNE FL 32904 City 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 (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAIMONDO, PATRICIA NAME NAME 130 THOMAS LEN RD STREET ADDRESS STREET ADDRESS AZLE TX CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition POWELL, VIVIENNE NAME NAME 3909 OHIO GARDEN RD. TR 31 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WORTH TX 76114 CITY-ST-ZIP Change □ Addition TITLE Delete TITLE LOPEZ, MELISSA NAME NAME STREET ADDRESS 1177 TRUMAN CIR STREET ADDRESS SPRINGTOWN TX 76082-CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP

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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