

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 730173

1. Entity Name

UNIVERSAL LIGHT OF CHRIST CHURCH, INC.



Principal Place of Business

Mailing Address

414 N MIRAMAR AVE (HWY A1A)
P.O. BOX 1348
AZLE TX 76020

P.O. BOX 1348
AZLE TX 76020



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

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
3610 CHEVELLE DR
MELBOURNE FL 32904

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, 2007

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

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

TITLE D ☐ Delete
NAME LOPEZ, MELISSA
STREET ADDRESS 5861 LAMB CREEK DR
CITY-STATE-ZIP FORT WORTH TX 76179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000694538
CITY-STATE-ZIP 04/17/07-80023-012 70.00

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-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: *Rev Patricia Raimondo* PD - REV PATRICIA RAIMONDO 4-1-07

817-444-9503