

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736598

FILED
Mar 01, 2006
Secretary of State

Entity Name: UNIVERSAL BROTHERHOOD MOVEMENT, INC.

Current Principal Place of Business:

6503 LAKESHORE DR
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6503 LAKESHORE DR
MARGATE, FL 33063

New Mailing Address:

FEI Number: 58-1801816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEVIN, MARTIN ESQ
1367 LYONS RD.
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PRIGMORE, RICK
Address: 3735 SCOTTS MILL RUN
City-St-Zip: DULUTH, GA 30096

Title: PD () Delete
Name: GREGORY, POSSMAN
Address: 8765 NC HWY 194 N
City-St-Zip: TODD, NC 28684

Title: CD () Delete
Name: TOMASINO, JUSTIN
Address: 7027 BROOK FOREST RD.
City-St-Zip: BROOMFIELD, CO 800214259

Title: CD () Delete
Name: VAN DUSAN, CAROLA
Address: 79 FIRST ST.
City-St-Zip: KEYPORT, NJ 07735

Title: VPD () Delete
Name: LANCASTER, BARBARA
Address: 2209 PIERSON DR
City-St-Zip: LEXINGTON, KY 40505

Title: S () Delete
Name: JERNIGAN, DONNA
Address: 1518 RANGEWOOD DR
City-St-Zip: LILBURN, GA 30047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LANCASTER-LYMAN, BARBARA
Address: 2209 PIERSON DR
City-St-Zip: LEXINGTON, KY 40505

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE BERCU

AD

03/01/2006

Electronic Signature of Signing Officer or Director

Date