

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737667 (6)

1. Corporation Name

UNIVERSAL CHURCH OF SPIRITUAL SCIENCE, INC.



Principal Place of Business

Mailing Address

PO BOX 296
P.O. BOX 232
CASSADAGA FL 32706-296
US

PO BOX 296
P.O. BOX 232
CASSADAGA FL 32706-296
US

3. Date Incorporated or Qualified
12/28/1976

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1739191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEKUNNA, E. MATTHEW
460 CASSADAGA ROAD
CASSADAGA FL 32706

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
P
SEKUNNA, E MATTHEW
STREET ADDRESS
460 CASSADAGA ROAD
CITY - ST - ZIP
CASSADAGA FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
V
SEKUNNA, FLORENCE
STREET ADDRESS
460 CASSADAGA ROAD
CITY - ST - ZIP
CASSADAGA FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
D
ALDERMAN, SUZANNE
STREET ADDRESS
2436 KALCH COURT
CITY - ST - ZIP
ORLANDO FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
D
CUMMINGS, DEBORAH
STREET ADDRESS
1360 ROSALIE CT
CITY - ST - ZIP
KISSIMMEE FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
T
SEKUNNA, JR. ERNEST
STREET ADDRESS
700 CARPENTER
CITY - ST - ZIP
ORANGE CITY FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
D
BRUTON, PHYLLIS
STREET ADDRESS
5316 ROAN RD.
CITY - ST - ZIP
APOPKA FL

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. MATTHEW Sekunna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
8/1/96

Daytime Phone #
228-3190

0004034

CR2E037 (3/96)