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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 PO BOX 296
P.O. BOX 232 P.O. BOX 232
CASSADAGA FL 32706-296 CASSADAGA FL 32708-0232
US US

3. Date Incorporated or Qualified 12/28/1976
3a. Date of Last Report 08/22/1996

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 59-1739191
Applied For Not Applicable

Suite, Apt. #, etc. 22
27

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

City & State 23
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 24 25 29 30

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

9. Name and Address of Current Registered Agent
SEKUNNA, E. MATTHEW
460 CASSADAGA ROAD
CASSADAGA FL 32706

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 6 rows of officer/director information including titles (P, V, D, D, T, D), names, and addresses.

Table with 6 rows for additions/changes to officers and directors, including fields for title, name, and address.

14. I do 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 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 if an agreement with an address.

SIGNATURE: _____ DATE: 5/22/97 DAYTIME PHONE: 904-228-3190

CR2E037 (9/96)