FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

737667

(6)

UNIVERSAL CHURCH OF SPIRITUAL SCIENCE, INC.

Principal Place of Business Malling Address									
•	o or pasinous	•				Į.			
PO BOX 296 P.O.BOX 232		PO BOX 298 P.O.BOX 232	PO BOX 298 P O BOX 232						
CASSADAGA FL	L 32706-296		CASSADAGA FL 32706-0232						
US		US				3. Date Incorporated or Qualified 12/28/1976	3a. Da	ate of Last R 08/22/19 1	leport 96
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For
21	· · · · · · · · · · · · · · · · · · ·	26			59-1739191			ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	区		Additional
Cdu & State		City & State							equired
City & State		28			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
23 Zip	Country Zip		Coun	trv		8. This corporation has liability for in			······································
24	25 29 30			1			Yes L		. 199.032,
=,	9. Name and Address of Currer		100			10. Name and Address of New Reg			
			(B1	Name				
	IA, E. MATTHEW		ī	B2	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)		
	SSADAGA ROAD DAGA FL 32706		63						
CHOSHD	AGA FL 32700		L						
			- 1	84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statu	ites, the ab	ove-	named co	orporation submits this statement for the p		changing i	ts registered
office or r agent. La	egistered agent, or both, in the State im familiar with, and accept the obligi	of Florida. Such change was ations of, Section 617.0503, F	authorized Torida Statu	ites.	the corpo	orporation submits this statement for the pration's board of directors. I hereby accep	t the app	cointment as	registered
SIGNATURE	•								
SIGNATORE .	Signature, typed or printed name of registered age	ant and title if applicable. (NC	TE: Registered	Agent	t signature re	quired when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P	☐ DELETE	1.1 1110					Change	Addition
NAME	SEKUNNA, E MATTHEW		1.2 HA						
STREET ADDRESS	460 CASSADAGA ROAD				DORESS				
CITY-ST-ZIP	CASSADAGA FL	☐ DELETE	1.4 CIT		- ZIP			Channa	Addition
TITLE	V CONTRACTOR	☐ persis	2.1 1176					Change	Addition
NAME	SEKUNNA, FLORENCE		2.2 HAN						
STREET ADDRESS	460 CASSADAGA ROAD CASSADAGA FL				OORESS				
CITY-ST-ZIP TITLE	D	777		2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition
NAME	ALDERMAN, SUZANNE	— Pror.r.	3.2 HAA		•				that Flabilion
STREET ADORESS	2436 KALCH COURT		4.2 / - 1		DDRESS				
CITY-ST-ZIP	ORLANDO FL								
TITLE	D	☐ DELETE	3.4. CITY-ST 4.1 YITLE		- 217			Change	Addition
NAME	CUMMINGS, DEBORAH		4. 2 NA			i .		_ •	_
STREET ADDRESS					DDRESS				
CITY-ST-ZIP	KISSIMMEE FL		4.4 CIT		1				
TITLE	T	DELETE	5.1 7111					Change	Addition
NAME	SEKUNNA, JR. ERNEST		5.2 NA	WE					
STREET ADDRESS	700 CARPENTER		5.3 STR	REET A	DDRESS				
CITY-ST-ZIP	ORANGE CITY FL		5.4 CiT	Y-ST-	- ZIP				
TITLE	D	☐ DELETE	6.1 TITI					Change	Addition
NAME	BRUTON, PHYLLIS	•	6.2 NA	ME					
STREET ADDRESS	5316 ROAN RD.		6.3 STR	REET A	DDRESS				
CITY-ST-ZIP	APOPKA FL		5.4 CIT						
14. I do herel	by certify that the information supplier indicated on this angual report or	d with this filing does not qua	lify for the e	Nexe	nption sta	ted in Section 119.07(3)(i), Florida Statutes	i. I furthe	r certify that	the
I am an o	fficer or director of the corporation of	the receiver or fustee empo	wered to ex	KBCII	ite this re	hat my signature shall have the same lega port as required by Chapter 617, Florida S	latutes; a	nd that my	name
appears i	in Block 12 of Block 13 if charge	an accoment with an ac	odress.						

RE REQUIRED