

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90069 003 ****61.25

DOCUMENT # 753286

1. Entity Name

THE CHURCH OF GOD (UNIVERSAL), INC.

Principal Place of Business

12774 61ST LANE N
 WET PALM BACH FL 33412
 US

Mailing Address

P O BOX 1540
 BOYNTON BECH FL 33425-1540
 US

2. Principal Place of Business

121 N.W 8 Ave
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Boynton Beach FL

City & State

4. FEI Number
59-1670208

Applied For
 Not Applicable

Zip
33435

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BUSBY, REV. ALBERTO FERNANDO
 706 S.W. 23RD AVENUE
 P O BOX 594
 BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

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.

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**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD SANDY, NATHANIAL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2141 N.E. 1ST WAY BOYNTON BEACH FL	
TITLE NAME	VD SANDY, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2141 N.E. 1ST WAY BOYNTON BEACH FL	
TITLE NAME	TD WICKHAM, ALMANDO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2491 NW 1 ST BOYNTON BEACH FL	
TITLE NAME	D WICKHAM, REITA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2491 N.W. 1ST ST. BOYNTON BEACH FL	
TITLE NAME	P SMITH, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3150 E. ATLANTIC DR. BOYNTON BEACH FL 33435	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I 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 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: *Joseph Smith* **Joseph Smith**

Date **4/20/2000**

Daytime Phone # **561 791 9082**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #