


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 753286 1. Entity Name THE CHURCH OF GOD (UNIVERSAL), INC.					
Principal Place of Business 121 N.W. 8TH AVE. BOYNTON BEACH FL 33435 US				Mailing Address P O BOX 1540 BOYNTON BECH FL 33435 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1670208	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDY, NATHANIAL		NAME		
STREET ADDRESS	2141 N.E. 1ST WAY		STREET ADDRESS		
CITY- ST- ZIP	BOYNTON BEACH FL		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDY, VIRGINIA		NAME		
STREET ADDRESS	2141 N.E. 1ST WAY		STREET ADDRESS		
CITY- ST- ZIP	BOYNTON BEACH FL		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, VILDA		NAME		
STREET ADDRESS	12774 61ST ALNE N		STREET ADDRESS		
CITY- ST- ZIP	WEST PALM BEACH FL 33412		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WICKHAM, REITA		NAME		
STREET ADDRESS	2491 N.W. 1ST ST.		STREET ADDRESS		
CITY- ST- ZIP	BOYNTON BEACH FL		CITY- ST- ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JOSEPH		NAME		
STREET ADDRESS	3150 E. ATLANTIC DR.		STREET ADDRESS		
CITY- ST- ZIP	BOYNTON BEACH FL 33435		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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)(n), 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: <u>Joseph Smith</u> Joseph Smith 4/29/05 561 791908					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)

\$8.75 Additional Fee Required

U00000326466
04/23/05-80057-020 61.25