


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

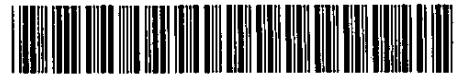
FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90224 047 ****70.00

DOCUMENT # 753286
 1. Entity Name
THE CHURCH OF GOD (UNIVERSAL), INC.



Principal Place of Business Mailing Address
121 N.W. 8TH AVE. **P O BOX 1540**
BOYNTON BEACH FL 33435 **BOYNTON BECH FL 33435**
US **US**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1670208**
 Applied For Not Applicable

6. Name and Address of Current Registered Agent

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

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 **VIRGINIA SANDY**
 Street Address (P.O. Box Number is Not Acceptable) **2141 N.E. 1ST WAY**
BOYNTON BEACH
 City **FL** Zip Code **33435**

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 Virginia sandy Virginia Sandy 4/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SANDY, NATHANIAL 2141 N.E. 1ST WAY BOYNTON BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDY, VIRGINIA 2141 N.E. 1ST WAY BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, VILDA 12774 61ST ALNE N WEST PALM BEACH FL 33412	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKHAM, REITA 2491 N.W. 1ST ST. BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOSEPH 3150 E. ATLANTIC DR. BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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