

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

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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1670208

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 PD ☒ Delete
NAME SANDY, NATHANIAL
STREET ADDRESS 2141 N.E. 1ST WAY
CITY-ST-ZIP BOYNTON BEACH FL

TITLE VD ☐ Delete
NAME SANDY, VIRGINIA
STREET ADDRESS 2141 N.E. 1ST WAY
CITY-ST-ZIP BOYNTON BEACH FL

TITLE TD ☐ Delete
NAME SMITH, VILDA
STREET ADDRESS 12774 61ST ALNE N
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE D ☐ Delete
NAME WICKHAM, REITA
STREET ADDRESS 2491 N.W. 1ST ST.
CITY-ST-ZIP BOYNTON BEACH FL

TITLE P ☐ Delete
NAME SMITH, JOSEPH
STREET ADDRESS 3150 E. ATLANTIC DR.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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