2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 22, 2008 8:00 am Secretary of State

DOCUMENT #753286 1. Entity Narne THE CHURCH OF GOD (UNIVERSAL), INC.								i	05-22-2008	3 900 23 00)9 ****6	1.25	
Principal Place of Business Mailing Address 121 N.W 8TH AVE. P O BOX 1540 BOYNTON BEACH, FL 33435 US BOYNTON BECH, FL 33435						US	.*						
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc. Sui				ite, Apt. #, etc.				04222008	Chg-NP	CR2E03	7 (12/06)		
City & State City				/ & State				4. FEI Number Applied For 59-1670208 Not Applicable					
Zip	Country				Coun	try	5. Certificate of Status Desired See Require						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
SANDY, VIRGINIA						Name							
2141 NE 1ST HAY > BOYNTON BEACH, FL 33435						Street Address (P.O. Box Number is Not Acceptable)							
						City	FL Zip Code						
	tions of register	submits this statement (ed agent, printed name of registered agen						ed agent, or bot	h, in the State of F	Florida. I am f	amiliar with,	and accept	
	.				ampaign Financing Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	je .	OFFICERS AND D	IRECTORS		11.				ANGES TO OFFIC	ERS AND DIF	RECTORS IN	I 10	
TITLE	VD .		Delete	TITLE		PRESIDENT				☐ Change	X Addition		
NAME CTREET ADDRESS	SANDÝ, VIRGINIA 2141 N.E. 1ST WAY				NAME	ADDRESS		GEORGE JOHN 2141 NE.1st WAY					
STREET ADDRESS CITY-ST-ZIP					CITY-S	ADDRESS		BOYNTON BEACH, FL 33435					
TITLE	TD							E PRESID		3433	[] (h	K Addition	
NAME	SMITH, VILI	RM Delete	TITLE NAME			DEL HUDS			Change	E AUDICION			
STREET ADDRESS	•					ADDRESS	10152 SOUTHERN PRIDE PLACE						
CITY-ST-ZIP	-ZIP WEST PALM BEACH, FL 33412					T-ZIP		INGTON,	FL 3346				
TITLE	D			🔀 Delete	TITLE			RETARY			☐ Change	X Addition	
NAME	WICKHAM, REITA				NAME		MILI	LER DANE					
STREET ADDRESS	STREET ADDRESS 2491 N.W. 1ST ST. STY-ST-ZIP BOYNTON BEACH, FL				STREET ADDRES				EAST_lst				
		DEAUM, FL		62 7 -	-1	1-412			CH, FL 33	435		85 .	
TITLE NAME	P SMITH, JOS	SEPH		🔀 Delete	TITLE NAME			SURER/SE ER BROWN			☐ Change	X Addition	
STREET ADDRESS					ADDRESS			AST 1st W	<i>I</i> AY				
CITY-ST-ZIP		BEACH, FL 33435			CITY-S				H, FL 334				
TITLE				☐ Delete	TITLE			· · · ·			☐ Change	Addition	
NAME					NAME								
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP					CITY-S	T 710	ı						
<u> </u>					J V	1-217							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage 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 life expowered.

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

VICE PRESIDENT

Daytime Phone #