


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90126 009 ****70.00

0076196

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 756203

1. Corporation Name

THE UNIVERSAL CHURCH OF TRUTH, INC.

Principal Place of Business

3441 S.E. 93RD STREET
OCALA FL 34480

Mailing Address

3441 S.E. 93RD STREET
OCALA FL 34480



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3737 SW NE 58 Ave	26 6919 WINDYRUSH RD.	02/04/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2092728
City & State	City & State	Applied For
23 SILVER SPRINGS, FL	28 CHARLOTTE, NC	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 34488	29 28226	30 MECKLENBURG
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HOULIHAN, CAROLYN E., REV.
3441 S.E. 93RD STREET
OCALA FL 34480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULIHAN, CAROLYN E.	1.2 NAME	
STREET ADDRESS	3441 S.E. 93RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MICHAEL	2.2 NAME	
STREET ADDRESS	6919 WINDYRUSH ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28226	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DIXIE L	3.2 NAME	
STREET ADDRESS	6919 WINDYRUSH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28226	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Thomas
MICHAEL THOMAS
Date: 1/22/98 Daytime Phone #: 704-543-0995

CR2E037 (1/98)