


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 770348</b>			
1. Entity Name <b>THE CHURCH OF GOD UNIVERSAL AT GENEVA, FLORIDA, INC.</b>			
Principal Place of Business <b>695 COCHRAN RD GENEVA FL 32732 US</b>		Mailing Address <b>P O BOX 1164 GENEVA FL 32732</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>CRABTREE, DONALD R. 2425 OSCEOLA RD. GENEVA FL 32732</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and the filer (NOTE: Registered Agent signature required when re-registering)</small>			
DATE _____			



1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-2486608</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD EDITH HAVEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8335 SETTLER'S LOOP	NAME	
STREET ADDRESS	GENEVA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HENRY, LEONARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2390 BASS BLVD	NAME	
STREET ADDRESS	GENEVA FL 32732	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD COAKLEY, JERED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1475 BRIGHAM LOOP	NAME	
STREET ADDRESS	GENEVA FL 32732	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD ESCLAVON, SUSAN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	265 MCLAIN	NAME	
STREET ADDRESS	GENEVA FL 32732	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GILSTRAP, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 AVE. C.	NAME	
STREET ADDRESS	GENEVA FL 32732	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD CAIN, LYNN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2220 GREEN CEDAR LANE	NAME	
STREET ADDRESS	GENEVA FL 32732	STREET ADDRESS	
CITY-ST-ZIP		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:** *Edith V. Crabtree* Edith V. CRABTREE (407) 349-9058