

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 29 AM 7:17**

**DOCUMENT # 809568 (9)**  
1. Corporation Name  
**UNIVERSAL CHURCH OF THE MASTER**

Principal Place of Business Mailing Address  
**501 WASHINGTON ST. SANTA CLARA CA 95050** **501 WASHINGTON ST. SANTA CLARA CA 95050**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/23/1953</b>  | 3a. Date of Last Report<br><b>03/14/1994</b>           |
| 4. FEI Number<br><b>94-1568983</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>   | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |   |               |
|--|---|---------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | Country<br>30 |
|--|---|---------------|

9. Name and Address of Current Registered Agent  
**SMITH, RICHARD**  
**20251 HASKINS RD**  
**NO FT MYERS FL 33917**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <b>PD</b>                       |
| NAME            | <del>PETERSON, BIRDIE</del>     |
| STREET ADDRESS  | <del>10365 CALVERT DR.</del>    |
| CITY - ST - ZIP | <del>CUPERTINO CA</del>         |
| TITLE           | <b>VD</b>                       |
| NAME            | <del>STILLMAN, LAVONA</del>     |
| STREET ADDRESS  | <del>147 QUAIL HOLLOW DR.</del> |
| CITY - ST - ZIP | <del>SAN JOSE CA</del>          |
| TITLE           | <b>TD</b>                       |
| NAME            | <b>JEFFREYS-SMITH, PATSY</b>    |
| STREET ADDRESS  | <b>2919 HANNA AVE</b>           |
| CITY - ST - ZIP | <b>CORCORAN CA</b>              |
| TITLE           | <b>D</b>                        |
| NAME            | <b>JOHNSON, CLARENCE E.</b>     |
| STREET ADDRESS  | <b>4430-C HAMILTON AVE</b>      |
| CITY - ST - ZIP | <b>SAN JOSE CA</b>              |
| TITLE           | <b>SD</b>                       |
| NAME            | <del>CLARK, SANDRA</del>        |
| STREET ADDRESS  | <del>1417 ROCKLIN CT.</del>     |
| CITY - ST - ZIP | <del>SAN JOSE CA</del>          |
| TITLE           |                                 |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                               |  |
|---------------------|-------------------------------|--|
| 1.1 TITLE           | <b>PD</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Lavona M. Stillman</b>     |  |
| 1.3 STREET ADDRESS  | <b>147 Quail Hollow Drive</b> |  |
| 1.4 CITY - ST - ZIP | <b>San Jose, CA 95128</b>     |  |
| 2.1 TITLE           | <b>VD</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>Sandra Clark</b>           |  |
| 2.3 STREET ADDRESS  | <b>1417 Rocklin Court</b>     |  |
| 2.4 CITY - ST - ZIP | <b>San Jose, CA 95131</b>     |  |
| 3.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                               |  |
| 3.3 STREET ADDRESS  |                               |  |
| 3.4 CITY - ST - ZIP |                               |  |
| 4.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                               |  |
| 4.3 STREET ADDRESS  |                               |  |
| 4.4 CITY - ST - ZIP |                               |  |
| 5.1 TITLE           | <b>SD</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | <b>Ruth Kirk</b>              |  |
| 5.3 STREET ADDRESS  | <b>53 Patar Coutts Circle</b> |  |
| 5.4 CITY - ST - ZIP | <b>Stanford, CA 94305</b>     |  |
| 6.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                               |  |
| 6.3 STREET ADDRESS  |                               |  |
| 6.4 CITY - ST - ZIP |                               |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lavona M. Stillman* President 03/20/95 (408) 248-3624  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR