

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 11/23/1953  
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 94-1568983		Applied For: Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

**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. City	
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KIRK, RUTH		1.2 NAME	
STREET ADDRESS: 53 PETER COUTTS CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP: STANFORD CA		1.4 CITY-ST-ZIP	
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STILLMAN, LAVONA		2.2 NAME	
STREET ADDRESS: 147 QUAIL HOLLOW DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP: SAN JOSE CA		2.4 CITY-ST-ZIP	
TITLE: TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JEFFREYS-SMITH, PATSY		3.2 NAME	
STREET ADDRESS: 2919 HANNA AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: CORCORAN CA		3.4 CITY-ST-ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JOHNSON, CLARENCE E.		4.2 NAME: GARRY, THOMAS	
STREET ADDRESS: 4430-C HAMILTON AVE		4.3 STREET ADDRESS: 2612 Wallace Street	
CITY-ST-ZIP: SAN JOSE CA		4.4 CITY-ST-ZIP: Santa Clara CA 95051	
TITLE: VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CLARK, SANDRA		5.2 NAME	
STREET ADDRESS: 1417 ROCKLIN CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP: SAN JOSE CA		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lavona Stillman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 (408) 248-3624  
Date Daytime Phone

CR2E037 (12/95)