FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 809568

(9)

UNIVERSAL CHURCH OF THE MASTER

Principal Place of Business		Mailing Address))	AN DIEN DIEN E	1011 O1011 1001
501 WASHINGTON ST. SANTA CLARA CA 95050		501 WASHINGTON ST. SANTA CLARA CA 95050-4945							
						3. Date Incorporated or Qualified 11/23/1953	3a. Da	04/24/19	
2. Principal P	tace of Business	2a. Mailing Address 26				4. FEI Number 94-1568983			oplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country 25	Zip 29	Coun	itry		This corporation has liability fo Florida Statutes		tax under s.	199.032,
	9. Name and Address of Curren		144			10. Name and Address of New R			
			- 1	B1	Name				
SMITH, RICHARD 20251 HASKINS RD			Ī	B2	Street Addre	ss (P.O. Box Number is Not Accepte	able)		
NO FT MYERS FL 33917				В3			, , , , , , , , , , , , , , , , , , , 		
			Ī	B4	City		FL	85 Zip (Code
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	authorized	by t	named corpo he corporation	ration submits this statement for the on's board of directors. I hereby acc	purpose o apt the app	f changing its sointment as	s registered registered
SIGNATURE					 				
***	Signature, typed or printed name of registered age OFFICERS ANI			Agent	signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ODECTOR	10 INL 10
12.	SD OFFICERS ANI	DELETE	13.	F	·	ADDITIONS/CHANGES TO OFF	ICENS AINL	Change	Addition
NAME	KIRK, RUTH	Lad Decere	1,2 NAA						
STREET ADDRESS	53 PETER COUTTS CIR				DDRESS				
CITY-ST-ZIP	STANFORD CA		1.4 CIT		- 1				
TITLE	PD	☐ DELETE	2.1 7(7)		£IF			Change	Addition
NAME	STILLMAN, LAVONA			2.2 NAME				•	
STREET ADDRESS	147 QUAIL HOLLOW DR.		2.3 STREET ADDRESS		ODBESS				
CITY-ST-ZIP	SAN JOSE CA		2. 4 CIT		1				
TITLE	TD	☐ DELETE	3.1 TITL					Change	Addition
NAME	JEFFREYS-SMITH, PATSY		3.2 NAA	ME				•	
STREET ADDRESS	2919 HANNA AVE		3.3 STR	EET AL	ODRESS				
CITY-ST-ZIP	CORCORAN CA		3.4. CIT						
TITLE	D	☐ DELETE	4.1 TITL					Change	Addition
NAME	GARRY, THOMAS		4. 2 NA	ME					
STREET ADDRESS	2612 WALLACE STREET		4.3 STR	EET AL	ODRESS				
CITY-ST-Z⊮	SANTA CLARA CA		4.4 C/T	Y - \$T -	ZIP				
TITLE	VD	DELETE	5.1 T ITL	.E				Change	Addition
NAME	CLARK, SANDRA		5.2 NAM	ME					
STREET ADDRESS	1417 ROCKLIN CT.		5.3 STR	EET AI	DDRESS				
CHTY-ST-ZIP	SAN JOSE CA		5.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	6.1 TITL	.£				Change	Addition .
NAME			6.2 NAM	ME	}				
STREET ADDRESS			6.3 STR	ieet ai	DDRESS				
CITY OF THE			6400	v ct	710				

14. I do 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 12 if changed, or on an attachment with an address.

SIGNATURE: X PROPATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Description of 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 12 if changed, or on an attachment with an address.

SIGNATURE: X PROPATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Description of the exemption of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii) in F

22E037 (9/96)

FILED

Feb 05 1997 8:00am

Secretary of State