


JAN 04 1999 FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90024 024 *****61.25

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

DOCUMENT # 809568

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
---	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/23/1953
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 94-1568983
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	29
24	25	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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CLARK, SANDRA	1.2 NAME	
STREET ADDRESS	1417 ROCKLIN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95131	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	EDWARDS, BEN	3.2 NAME	
STREET ADDRESS	4638 CONSTANCE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92115	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRY, THOMAS	4.2 NAME	
STREET ADDRESS	2612 WALLACE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA	4.4 CITY-ST-ZIP	
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	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, CAROL	6.2 NAME	
STREET ADDRESS	1325 COWPERST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO CA 94301	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: *[Signature]* 1-5-99 408-248-3624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)