2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# 809568

Entity Name: UNIVERSAL CHURCH OF THE MASTER

Current Principal Place of Business:

100 WEST RINCON
#101
CAMPBELL, CA 95008

New Principal Place of Business:

Current Mailing Address:

100 WEST RINCON
#101
CAMPBELL, CA 95008

New Mailing Address:

FEI Number: 94-6129988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, RICHARD
15899 BLUE SKIES DRIVE
NO FT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLARK, SANDRA
Address: 100 W RINCON #101
City-St-Zip: CAMPBELL, CA 95008

Title: TD ( ) Delete
Name: EDWARDS, BEN
Address: 100 W RINCON #101
City-St-Zip: CAMPBELL, CA 95008 US

Title: VD ( ) Delete
Name: GARRY, THOMAS
Address: 100 W RINCON #101
City-St-Zip: CAMPBELL, CA 95008 US

Title: S ( ) Delete
Name: MULVANEY, FELECIA
Address: 100 W RINCON #101
City-St-Zip: CAMPBELL, CA 95008 US

Title: D ( ) Delete
Name: DERBY, ANGELA
Address: 100 W RINCON #101
City-St-Zip: CAMPBELL, CA 95008 US

Title: D ( ) Delete
Name: PHELAN, ARLENE
Address: 100 W RINCON #101
City-St-Zip: CAMPBELL, AZ 95008 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA CLARK P 02/02/2005

Electronic Signature of Signing Officer or Director Date