


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90481 048 ****61.25

DOCUMENT # 809568
 1. Entity Name
UNIVERSAL CHURCH OF THE MASTER




Principal Place of Business
100 WEST RINCON #101 CAMPBELL, CA 95008

Mailing Address
100 WEST RINCON #101 CAMPBELL, CA 95008

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

50017803



04112006 Chg-NP CR2E037 (11/05)

4. FEI Number
94-6129988 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SMITH, RICHARD
15899 BLUE SKIES DRIVE
NO FT MYERS, FL 33917

7. Name and Address of New Registered Agent
 Name **SARAH NOVAK**
 Street Address (P.O. Box Number is Not Acceptable)
3700 40TH AVE N
 City **ST PETERSBURG FL** Zip Code **33714**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sarah Novak* DATE 4-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CLARK, SANDRA	
STREET ADDRESS	100 W RINCON #101	
CITY-ST-ZIP	CAMPBELL, CA 95008	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, BEN	
STREET ADDRESS	100 W RINCON #101	
CITY-ST-ZIP	CAMPBELL, CA 95008	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARRY, THOMAS	
STREET ADDRESS	100 W RINCON #101	
CITY-ST-ZIP	CAMPBELL, CA 95008	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULVANEY, FELECIA	
STREET ADDRESS	100 W RINCON #101	
CITY-ST-ZIP	CAMPBELL, CA 95008	
TITLE	D	<input type="checkbox"/> Delete
NAME	DERBY, ANGELA	
STREET ADDRESS	100 W RINCON #101	
CITY-ST-ZIP	CAMPBELL, CA 95008	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHELAN, ARLENE	
STREET ADDRESS	100 W RINCON #101	
CITY-ST-ZIP	CAMPBELL, AZ 95008	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Clark* DATE 4/30/06 DAYTIME PHONE # 4083706519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #