


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000005011**

1. Entity Name  
**THE UNIVERSAL CHURCH CORP.**



Principal Place of Business <b>500 PALM AVENUE          HIALEAH, FL 33010</b>	Mailing Address <b>220 E 23RD ST          SUITE 509          NEW YORK, NY 10010</b>
--	--



03282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3443110</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**AVERILL, JOSEPH P  
 710 CITY NATIONAL BANK BUILDING  
 25 WEST FLAGLER STREET  
 MIAMI, FL 33130**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004**

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

000000160745  
 05/17/04-80011-021 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HIGGINBOTHAM, FORREST 220 E. 23RD STREET, SUITE 509 NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HIGGINBOTHAM, DAVID 220 E. 23RD STREET, SUITE 509 NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MONCADA, LILIAN 220 E. 23RD STREET, SUITE 509 NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DASILVA, REGINA 220 E. 23RD STREET, SUITE 509 NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAIS, RUI 220 E 23RD ST, STE 509 NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 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:** *Regina DaSilva, Treasurer* **5/12/04 212-725-8182**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #