2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AN
Secretary of State

	ANNUAL REPORT	
DOCUMENT :	#F93000005011	
1 Entity Name		

Principal Place of Business

THE UNIVERSAL CHURCH CORP.

500 PALM AVENUE HIALEAH, FL 33010

SIGNATURE:

Mailing Address

220 E 23RD ST SUITE 509

NEW YORK, NY 10010



DO NOT WRITE IN THIS SPACE

01172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 13-3443110 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

the obligat	named entity submits this statement for the p ions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and Wall	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGINBOTHAM, FORREST 220 E. 23RD STREET, SUITE 509 NEW YORK, NY 10010				U00000602418 01/26/07-80030-004 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIGGINBOTHAM, DAVID 220 E. 23RD STREET, SUITE 509 NEW YORK, NY 10010				01/25/01~50030~004 10.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONCADA, LILIAN 220 E. 23RD STREET, SUITE 509 NEW YORK, NY 10010		DO NOT WRITE			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	T DASILVA, REGINA 220 E. 23RD STREET, SUITE 509 NEW YORK, NY 10010		IN THIS SPACE		THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAIS, RUI 220 E 23RD ST, STE 509 NEW YORK, NY 10010					
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
12. Thereby certify that the information supplied with this filling 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 each; 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 attackment with an address, with all other like empowered.						

Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR