2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006
Secretary of State

DOCUMENT# F95000000051

Entity Name: CONGREGATION OF UNIVERSAL WISDOM, INC.

Current Principal Place of Business:

1986 SPANISH PINE DR
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1986 SPANISH PINE DR
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 22-2141884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LA ROCCA, MICHAEL DC
1986 SPANISH PINE DR
PALM HARBOR, FL 34683 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: D ( ) Delete
Name: JOSEPH DONOFRIO, DC
Address: 245 ORADELL AVE
City-St-Zip: PARAMUS, NJ

Title: D ( ) Delete
Name: INTELLISANO, JOSEPH
Address: 139 LAKEVIEW AVE
City-St-Zip: CLIFTON, NJ 07011

Title: ST ( ) Delete
Name: SCHILLING, WALTER DC
Address: 6 BAYAU TRAIL
City-St-Zip: MEDFORD, NJ 08055

Title: D ( ) Delete
Name: PARELLO, EDWARD DC
Address: 145 EAST BAY AVE.
City-St-Zip: MANAHAWKIN, NJ 08050

Title: V ( ) Delete
Name: LA ROCCA, MICHAEL DC
Address: 1986 SPANISH PINE DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: P ( ) Delete
Name: DE MARCO, ANTHONY DC
Address: 1025 GREEN STREET
City-St-Zip: ISELIN, NJ 08830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: INTELLISANO, JOSEPH
Address: P.O.BOX 155
City-St-Zip: HAMLIN, PA 18427

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 Chapter 119, 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: WALTER P. SCHILLING,D.C. ST 07/21/2006

Electronic Signature of Signing Officer or Director Date