

**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