

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90078 049 ****61.25

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1. Entity Name

UNIVERSAL CHRISTIAN GNOSTIC MOVEMENT OF THE
U.S.A. (NEW ORDER), INC.



Principal Place of Business

1204 SOUTH WOODLAND AVENUE
INDEPENDENCE, MO 64050-4244 US

Mailing Address

P.O. BOX 1570
INDEPENDENCE, MO 64133 US



02222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Arbelaez Zoraida
1068 Aspri Way Palm Beach
Garden FL. 33418

**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

Zoraida Arbelaez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-06

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Enrrique Huevo 1204 South Woodland Ave Independence MO - 64050-4244-US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Irisol Talento 1204 South Woodland Ave Independence MO 64050-4244-US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ofelia Posso 1204 South Woodland Ave Independence MO 64050-4244-US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Rene Alfaro 1204 South Woodland Ave Independence MO 64050-4244-US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Eduardo Jimenez 1204 South Woodland Ave Independence MO 64050-4244-US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dario Flores 1204 South Woodland Ave Independence MO 64050-4244-US

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IN THIS SPACE**

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:

J. E. Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06

Date

Daytime Phone #