

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F95000003073

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1204 SOUTH WOODLAND AVENUE  
INDEPENDENCE, MO 640504244 US

**New Principal Place of Business:**

333 SOUTHERN BLVD  
SUITE 303  
WEST PALM BEACH, FL 33405 US

**Current Mailing Address:**

P.O. BOX 1570  
INDEPENDENCE, MO 64133 US

**New Mailing Address:**

P.O. BOX 6296  
WEST PALM BEACH, FL 334056296 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARBELAEZ, ZORAIDA  
333 SOUTHERN BLVD  
STE 303  
WEST PALM BEACH, FL 33405 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: ZORAIDA ARBELAEZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ARBELAEZ, ZORAIDA  
Address: 333 SOUTHERN BLVD  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S  
Name: EUSEBIO, ELENA  
Address: 709 BRIGGS ST APT B  
City-St-Zip: WEST PALM BEACH, FL 334052597

Title: T  
Name: ALBARADO, AMADEO  
Address: 1317 FISHER PL  
City-St-Zip: GREENACRES, FL 33413

I hereby 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 all other like empowered.

SIGNATURE: ZORAIDA ARBELAEZ

PRES

11/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date