

FILE NOW: FILING FEE IS \$61.25

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1997 SEP -2 AM 10: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00071 (3) 1. Corporation Name Universal Life Church of Peru, S.A. INC.			
Principal Place of Business 430 Shady Woods Road GENEVA FL. 32732		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name Bowen, Russell		82 Street Address (P.O. Box Number is Not Acceptable) 430 Shady Woods Road	
83		84 City GENEVA FL.	
85 Zip Code 32732		86	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE <i>s/r/o Russell Bowen</i>		DATE July 29, 1997	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/D Bowen Ercelia. 430 Shady Woods Rd. GENEVA FL. 32732		1.2 NAME Bowen, Russell 430 Shady Woods Rd. GENEVA FL. 32732	
1.3 STREET ADDRESS 430 Shady Woods Rd. GENEVA FL. 32732		1.4 CITY - ST - ZIP GENEVA FL. 32732	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Russell Bowen s/r/o</i>		SIGNATURE: <i>Russell Bowen</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Date	
Daytime Phone #		Daytime Phone #	

CR2E037 (9/96)