## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

## May 13, 2004 8:00 am Secretary of State DOCUMENT # N02000008765 05-13-2004 90014 037 \*\*\*\*61.25 1. Entity Name UNIVERSAL LIFE CHURCH OF OLD TOWN, INC. Principal Place of Business Mailing Address 11303 REDGATE STREET SPRING HILL FL 34609 11303 REDGATE STREET SPRING HILL FL 34609 54054263 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 30-0127644 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMO, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 11303 REDGATE STREET SPRING HILL FL 34609 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ADAMO, JOSEPH J NAME NAME 11303 REDGATE STREET STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition FELLER, SANDRA NAME 11303 REDGATE STREET STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 City-St-ZIP CITY-ST-ZIP Delete TITLE TITLE \_ Change Addition DEGENNARO, JOSEPH DEFRANCISCO, JAMES A NAME NAME 201 NE 33KD ST ANT 367 BUILDIAM A 8114 SPANISH OAK DRIVE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 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

FILED

5-1-04

Daytime Phone #