

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90008 045 \*\*\*\*61.25

<b>DOCUMENT # N02000008765</b>					
<b>1. Entity Name</b> UNIVERSAL LIFE CHURCH OF OLD TOWN, INC.					
<b>Principal Place of Business</b> 11303 REDGATE STREET SPRING HILL, FL 34609			<b>Mailing Address</b> 11303 REDGATE STREET SPRING HILL, FL 34609		
<b>2. Principal Place of Business</b> 7357 Spring Hill Dr. Suite, Apt. #, etc. N/A			<b>3. Mailing Address</b> Suite, Apt. #, etc. N/A		
<b>City &amp; State</b> Spring Hill, FL			<b>City &amp; State</b> Spring Hill, FL		
<b>Zip</b> 34606			<b>Country</b> FL		
<b>4. FEI Number</b> 30-0127644			<b>Applied For</b> <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> ADAMO, JOSEPH J 11303 REDGATE STREET SPRING HILL, FL 34609			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE: <u>Joseph Adamo</u> DATE: <u>2/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D PRESIDENT	<input type="checkbox"/> Delete				
<b>NAME</b> ADAMO, JOSEPH J	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 11303 REDGATE STREET	<input type="checkbox"/> Delete				
<b>CITY-ST-ZIP</b> SPRING HILL, FL 34609	<input type="checkbox"/> Delete				
<b>TITLE</b> D SECRETARY	<input type="checkbox"/> Delete				
<b>NAME</b> FELLER, SANDRA - DISABLED	<input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 11303 REDGATE STREET	<input type="checkbox"/> Delete				
<b>CITY-ST-ZIP</b> SPRING HILL, FL 34609	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>NAME</b> APRIL PILLSBURY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 3485 E. ALEX PLACE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> INVERNESS, FL 34453	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>NAME</b> JOSEPH DEGENNARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 901 NE 33rd St. # 807, Bldg A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>CITY-ST-ZIP</b> POMPAUN Bch. FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Joseph Adamo</u> DATE: <u>2/26/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					