FILED
May 22, 2007 8:00 am
Secretary of State

03-12-2007 90079 042 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N06000007523

1. Entity Name

THE UNIVERSAL SPIRITUAL CENTER OF YORUBA, INCORPORATED

Principal Place of Business	Mailing Address
3890 BEARDALL AVE SANFORD FL 32773	3890 BEARDALL AVE SANFORD FL 32773

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3890 Beardall Ave		3890 Beardall Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sanford, Flo		City & State: Sanford, Flo.	
Zip: 32773	Country: USA.	Zip: 32773	Country: USA

4. FEI Number: 20-8066140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLOVER-GAMBLES, MERRILE
882 W KENNEDY BLVD., SUITE D
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: Luis Marrero
Street Address (P.O. Box Number is Not Acceptable): 3890 Beardall Ave.
Sanford, Flo.
City: Sanford, FL Zip Code: 32773

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: Luis A Marrero

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC PRESIDENT SANTA, RAFAEL 3890 BEARDALL AVE SANFORD FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Rafael Santa	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SECRETARY RODRIGUEZ, WANDA 3890 BEARDALL AVE SANFORD FL 32773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY Wanda Rodriguez	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rafael Santa 01-24-07 (407)580-5560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Luis A Marrero