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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51173 (5)

1. Corporation Name
UNIVERSAL LIGHT CHAPEL, INC.



Principal Place of Business 925 N COURTENAY PKWY SUITE #20 & #21 MERRITT ISLAND FL 32951 US	Mailing Address 1265 PINEWOOD DR MELBOURNE FL 32935 US
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3. Date Incorporated or Qualified 10/02/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3175392	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PRICE, LOIS L
 1265 PINEWOOD DR
 MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: LOIS L. PRICE, PASTOR - PRESIDENT Lois L. Price March 10, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRICE, LOIS L	
STREET ADDRESS	1265 PINEWOOD DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	QUADALUPE, FRANC	
STREET ADDRESS	245 MELALEUEA DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KEYSER, GEORGIANA	
STREET ADDRESS	1615 LARCHMONT CT.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PICHECO, AILENE	
STREET ADDRESS	345 HULA CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEMAY, CONNIE	
STREET ADDRESS	88 SKY LARK #805	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, DOUGLAS E	
STREET ADDRESS	1265 PINEWOOD DR	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ZIP 32935
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	845 MELALEUCA DRIVE
2.4 CITY-ST-ZIP	ZIP 32937
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D.S. QUADALUPE FRANC
3.3 STREET ADDRESS	245 MELALEUCA DRIVE
3.4 CITY-ST-ZIP	SATELLITE BEACH FL. 32937
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	ZIP 32952
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	ZIP 32953
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	ZIP 32935

14. 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 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: Lois L. Price LOIS L. PRICE March 10 1998 (407)259-2641 (407)454-3356

CR2E037 (10/97)