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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90019 008 ****70.00

DOCUMENT # N51173

1. Corporation Name

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRES

STREET ADDRESS

CITY-ST-ZIP

PICHECO, AILENE

345 HULA CIRCLE

LEMAY, CONNIE

88 SKY LARK #805

PRICE, DOUGLAS E 1265 PINEWOOD DR

MERRITT ISLAND FL 32952

MERRITT ISLAND FL 32953

UNIVERS	SAL LIGHT CHAPEL, INC.										
Principal Place	e of Business	Mailing Address				\dashv					
925 N COURTENAY PKWY SUITE #20 & #21 MERRITT ISLAND FL 32951 US 1265 PINEWOOD DR MELBOURNE FL 32935 US											
2. Principal P	lace of Business	2a. Mailing Address	·				 Date Incorporated or Qualifed 10/02/1992 				
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				 		4. FEI Number 59-3175392		<u> </u>	lied For Applicable	
City & Stat							5. Certificate of Status Desired	6	\$8.75 A	dditional	
23 28 Zip			Country				Election Campaign Financing Trust Fund Contribution		\$5.00 M	May Be	
14 05.	9. Name and Address of Current		<u>)</u>				Name and Address of New F	egistered		7.000	
	5. Name and Address of Current	vadistelen våeur		81	Name		or Marilo dila residente				
PRICE, LOIS L				82	Street A	ddress	(P.O. Box Number is Not Accepta	ble)			
1265 PINEWOOD DR			h	83						· · · · · · · · · · · · · · · · · · ·	
WELBOUR	NE FL 32935		[
			[84	City			FL	85 Zip C	ode	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o	it Florida. Such change was auth	ıonzea	DV t	-named corpor	corporat	ion submits this statement for the board of directors. I hereby accept	purpose of	changing its r ntment as reg	egistered istered	
	m familiar with, and accept the obligati	aris L. PRICE) L	Statu	. J.	- /	1	with t	-	1.24.1	999	
SIGNATURE	Signature, typed or printed name of registered agent		egistered A	gent	signature rec	quired who	en reinstating)	DATE	-//		
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OF	FICIERS AN			
TITLE	DP	☐ DELETE	1.1 TITLE						Change	☐ Addition	
NAME	PRICE, LOIS L			1.2 NAME							
STREET ADDRESS	1265 PINEWOOD DR			1.3 STREET ADDRESS			,				
CITY-ST-ZIP	MELBOURNE FL 32935			1.4 CITY-ST-ZIP					/_	- A 1 1111	
TITLE	DV DELETE			2.1 TITLE			•		Change	Addition	
NAME	GUADALUPE, FRANC	2.21		NAME		0.	15 MELALEUCA	DC -			
STREET ADDRESS				REET.	ADDRESS 2		ATD TINE				
CITY-ST-ZIP	SATELLITE BEACH FL 32937			2. 4 CITY-ST-ZIP						FT A Late:	
TITLE	DS DELETE		3.1 TITL	Æ					Change	Addition Addition	
NAME	GUALDALUOPE, FRANC		3.2 NA	.2 NAME		GU	ADALUPE, FRI	TIV C			
STREET ADDRESS			3.3 STF	REET	ADDRESS						
CITY-ST-ZIP	SATELLITE BCH FL 32937		3.4. CIT	Y-S1	T-ZIP						
TITLE	DΤ	☐ DELETE	4.1 TITL	LΕ					Change	☐ Addition	

MELBOURNE FL 32935 6.4 CITY-ST-ZIP 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, with all other like empowered.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

Change

☐ Change

Addition

☐ Addition