

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001302

FILED
Mar 01, 2007
Secretary of State

Entity Name: UNIVERSAL SERVICE DEDICATED TO GOD, INC.

Current Principal Place of Business:

7126 W. MCNAB RD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26353
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 65-0649128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WATSON, AUDIE A PRES.
Address: 7500 NW 73RD TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: ELLIS, TERRY A SECT.
Address: 7500 NW 73RD TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: WATSON, CLAIRE H TREAS.
Address: 7500 NW 73RD TERRACE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WATSON, AUDIE A PRES.
Address: 7500 NW 73RD AVE
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: ELLIS, TERRY A SECT.
Address: 7500 NW 73RD AVE
City-St-Zip: TAMARAC, FL 33321

Title: T (X) Change () Addition
Name: WATSON, CLAIRE H TREAS.
Address: 7500 NW 73RD AVE
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDIE A. WATSON

PRES

03/01/2007

Electronic Signature of Signing Officer or Director

Date