

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001302

FILED  
Mar 14, 2008  
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:**

7500 N.W. 73RD AVE  
TAMARAC, FL 33321

**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 AVE  
City-St-Zip: TAMARAC, FL 33321

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

DR.

03/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date