

DOCUMENT # N96000004304

1. Entity Name

UNIVERSAL LIFE ADL CHURCH OF CHRIST INC.

07-17-2000 90004 046 ****61.25

Principal Place of Business	Mailing Address
417 NORTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435	417 N. FEDERAL HWY BOYNTON BEACH FL 33435 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0688689	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JEAN-BAPTISTE, FREYNEL R REV.
417 NORTH FEDERAL HIGHWAY
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

SIGNATURE Frederick R. Jean Baptiste 07-06-00
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
After September 13, 2000 min. will be \$236.25

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEAN, FREYNER R #417 N. FEDERAL HWY BOYNTON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN, DARLENE #309 N.E. 20TH AVE. BOYNTON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABRIEL, ALICE 419 N. FEDERAL HWY BOYNTON BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11.					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition			

12. 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 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: *[Signature]* 07-06-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #