

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:48

DOCUMENT # 836794 (8)

1. Corporation Name
**UNIVERSAL CHRIST CHURCH, INC. (SCHOOL OF SPIRITU
ALISM)**

Principal Place of Business Mailing Address
12936 WELBY WAY NORTH HOLLYWOOD CA 91606 12936 WELBY WAY NORTH HOLLYWOOD CA 91606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1976	3a. Date of Last Report 02/16/1994
4. FEI Number 23-7072906	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent DAVID MASSINGILL 10480 S.W. 129 COURT MIAMI 33186	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCZAWA, LEONARD A	1.2 NAME	
STREET ADDRESS	12936 WELBY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	N HOLLYWOOD, CA 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, BEVERLY	2.2 NAME	
STREET ADDRESS	4802 HASKELL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTLIEB, NADEEN	3.2 NAME	
STREET ADDRESS	22927 VANOWEN ST	3.3 STREET ADDRESS	PD NAKAGAWA, JAMES
CITY-ST-ZIP	WEST HILLS CA	3.4 CITY-ST-ZIP	1634 Avenida Oceano
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DENNIS	4.2 NAME	
STREET ADDRESS	2389 HIDALGO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	RSD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, RICHARD G	5.2 NAME	
STREET ADDRESS	1054 AVON CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAGAWA, JAMES	6.2 NAME	
STREET ADDRESS	1634 AVENITA OCEANO	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCEANSIDE CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonard Kuczawa* 1/26/95 818-769-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)