

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **836794** (8)

1. Corporation Name
UNIVERSAL CHRIST CHURCH, INC. (SCHOOL OF SPIRITUALISM)



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

3. Date Incorporated or Qualified: **08/04/1976**
3a. Date of Last Report: **02/08/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 23-7072906	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVID MASSINGILL 10480 S.W. 129 COURT MIAMI 33186				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE	11 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCZAWA, LEONARD A		12 NAME				
STREET ADDRESS	12936 WELBY WAY		13 STREET ADDRESS				
CITY-ST-ZIP	N HOLLYWOOD, CA 00000		14 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, BEVERLY		22 NAME				
STREET ADDRESS	4802 HASKELL AVE		23 STREET ADDRESS				
CITY-ST-ZIP	ENCINO CA		24 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	31 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAGAWA, JAMES		32 NAME				
STREET ADDRESS	1634 AVENIDA OCEAN		33 STREET ADDRESS				
CITY-ST-ZIP	OCENASIDE CA		34 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	41 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DENNIS		42 NAME				
STREET ADDRESS	2369 HIDALGO AVE		43 STREET ADDRESS				
CITY-ST-ZIP	LOS ANGELES CA		44 CITY-ST-ZIP				
TITLE	RSD	<input checked="" type="checkbox"/> DELETE	51 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, RICHARD G		52 NAME				
STREET ADDRESS	1054 AVON CIRCLE		53 STREET ADDRESS				
CITY-ST-ZIP	THOUSAND OAKS CA		54 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	61 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKAGAWA, JAMES		62 NAME				
STREET ADDRESS	1634 AVENITA OCEANO		63 STREET ADDRESS				
CITY-ST-ZIP	OCEANSIDE CA		64 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 119.07(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 617, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/24/96** Daytime Phone #: **818-769-7056**

CR2E037 (12/95)