

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003477

**Entity Name:** UNIVERSAL LIFE CHURCH MONASTERY STOREHOUSE INC.

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**0755933587CC**

**Current Principal Place of Business:**

1425 BROADWAY #67  
SEATTLE, WA 98122

**Current Mailing Address:**

1425 BROADWAY #67  
SEATTLE, WA 98122 US

**FEI Number:** 20-5542633

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FREEMAN, GEORGE  
Address        1425 BROADWAY #67  
City-State-Zip: SEATTLE WA 98122

Title            VP  
Name            PASCO, MATTHEW  
Address        1425 BROADWAY #67  
City-State-Zip: SEATTLE WA 98122

Title            DIRECTOR  
Name            GOSCHIE, DALLAS  
Address        1425 BROADWAY #67  
City-State-Zip: SEATTLE WA 98122

Title            DIRECTOR  
Name            KOSTRINSKY-THOMAS, ALEXANDER  
Address        1425 BROADWAY #67  
City-State-Zip: SEATTLE WA 98122

Title            SECRETARY  
Name            BOWERS, RYAN  
Address        1425 BROADWAY #67  
City-State-Zip: SEATTLE WA 98122

Title            DIRECTOR  
Name            BRUCE TAYLOR, PERRY  
Address        1425 BROADWAY #67  
City-State-Zip: SEATTLE WA 98122

Title            DIRECTOR  
Name            SCHIFF, BRETT  
Address        1425 BROADWAY #67  
City-State-Zip: SEATTLE WA 98122

*I hereby 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 all other like empowered.*

**SIGNATURE:** GEORGE FREEMAN

**PRESIDENT**

**04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date