

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 017 *****61.25

DOCUMENT # N00000007988

1. Entity Name

MANATEE SPIRITUAL CENTER, A SCIENCE OF MIND COMMUNITY, INC.



Principal Place of Business

**20010 SR 64 E
BRADENTON FL 34202**

Mailing Address

**20010 SR 64 E
BRADENTON FL 34212**

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 **65-1061752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, KATHERINE N REV
20010 SR 64 E
BRADENTON FL 34202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34212

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Katherine N Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/6/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, KATHERINE N REV	
STREET ADDRESS	20010 SR 64 E	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEARENGEN, MORGAN	
STREET ADDRESS	P.O. BOX 6057	
CITY-ST-ZIP	BRADENTON FL 34281	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOTH, DEBRA	
STREET ADDRESS	6433 TAEDA DR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNINO, CLARE	
STREET ADDRESS	38 LARKSPUR AVENUE	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Katherine N Smith*

5/6/03

941 747-0206

CR2E037 (10/02)