2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001251

1. Entity Name
CHURCH OF SPIRITUAL AWAKENING AFSC, INC.

Principal Place of Business	Mailing Address
2978 OLD DIXIE HWY., STE. E KISSIMMEE, FL 34744	2978 OLD DIXIE HWY., STE. E KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3699463
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KINGSLIEN, MARY K
338 KASSIK CIRCLE
ORLANDO, FL 32824

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KINGSLIEN, MARY K
STREET ADDRESS	338 KASSIK CIR
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	DV
NAME	SHERWOOD, HELEN
STREET ADDRESS	11035 COUNTRY HILL RD.
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	DS
NAME	LEFORT, DONNA
STREET ADDRESS	1964 LAKE HERITAGE CIRCLE, #1021
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80164-007 61.25

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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: Mary K. Kingslien Mary K. Kingslien 1/13/04 407-370-4624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #