

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001251

FILED
May 01, 2008
Secretary of State

Entity Name: CHURCH OF SPIRITUAL AWAKENING AFSC, INC.

Current Principal Place of Business:

8 BROADWAY
SUITE 226
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 421105
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 59-3699463 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KINGSLIEN, MARY K
338 KASSIK CIRCLE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINGSLEIN, REV MARY
Address: 338 KASSIK CIR
City-St-Zip: ORLANDO, FL 32824

Title: VP () Delete
Name: SHERWOOD, HELEN
Address: 11035 COUNTRY HILL RD
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: DAVIES, MICHAEL
Address: 3227 ST.AUGUSTINE CT
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL DAVIES

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05/01/2008

Electronic Signature of Signing Officer or Director

Date