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

APPROVED AND FILED

03 OCT 13 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005216

DOCUMENT # N01000001251

1. Entity Name

CHURCH OF SPIRITUAL AWAKENING AFSC, INC.

Principal Place of Business	Mailing Address
PO BOX 770153 ORLANDO FL 32877-0153	PO BOX 770153 ORLANDO FL 32877-0153

REINSTATEMENT 2003

(MUST BE SHOWN IF REINSTATING)

2. Principal Place of Business	3. Mailing Address
2978 Old Dixie Hwy	2978 Old Dixie Hwy
Suite, Apt. #, etc.: Suite E	Suite, Apt. #, etc.: Suite E
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34744 Country: US	Zip: Country: US

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	7. Name and Address of New Registered Agent
KINGSLIEN, MARY K 338 KASSIK CIRCLE ORLANDO FL 32824	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KINGSLIEN, MARY K 338 KASSIK CIR ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HUBBARD, GEORGE 8635 OTTER CREEK COURT ORLANDO FL 32829	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Helen Sherwood 11035 Country Hill Rd. Clermont, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HUFTILL, CHRISTINE L 919 CALIFORNIA WOODS CR ORLANDO FL 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Donna LeFort 1964 Lake Heritage Cir, #1021 Orlando, FL 32839	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300023758523 10/13/03--01085--007 **236.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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 10-13-03 407-370-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #