


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90010 019 ****61.25

DOCUMENT # 733283 1. Entity Name THE SPIRITUALIST CHURCH OF AWARENESS, INC.					
Principal Place of Business 3210 N. CHICKASAW TRAIL ORLANDO, FL 32857 US			Mailing Address P.O. BOX 571043 ORLANDO, FL 32857		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3481375	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, STACY K 10509 JEPSON ST. ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name SHARON A WATSON Street Address (P.O. Box Number is Not Acceptable) 9 WOOD RIDGE DRIVE City OCALA FL Zip Code 34482		
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 <i>Sharon A Watson</i> DATE 2/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P HAGER, ELAINE S 9 WOOD RIDGE DR. OCALA, FL 34482	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDDEN, PHILLIPS 14325 AUGUST RD ORLANDO, FL 32826	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OTZELBERGER, E ANN 4332 WOODLYNNE LANE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, STACY K 10509 JEPSON STREET ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, SHARON A 9 WOOD RIDGE DRIVE OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTZELBERGER, ANN E 4332 WOODLYNNE LANE ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, STACY K 10509 JEPSON STREET ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WATSON, SHARON A 9 WOOD RIDGE DR OCALA, FL 34482	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ANDERSON, TAMMI JO 454 LOBLOLLY LANE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FINDORA, KATHERINE 4536 SUMMERGROVE AVE ORLANDO, FL 32812	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Sharon A Watson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/3/08 Daytime Phone # 352-873-1951		