2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 29, 2009 **DOCUMENT# 733283** Secretary of State

Entity Name: THE SPIRITUALIST CHURCH OF AWARENESS, INC.

Current Principal Place of Business: New Principal Place of Business:

3210 N. CHICKASAW TRAIL ORLANDO, FL 32857

Current Mailing Address: New Mailing Address:

P.O. BOX 4010 WINTER PARK, FL 32793

FEI Number: 59-3481375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WATSON, SHARON A REV LESLIE, CHAILLOU 9 WOOD RIDGE DRIVE 2482 IVAN CT. ORLANDO, FL 32807 US OCALA, FL 34482

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: REV LESLIE CHAILLOU 07/29/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HAGER, ELAINE S LERCH, RONALD J Name: Name:

9 WOOD RIDGE DR. Address: 335 PINEY RIDGE ROAD Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete Title: () Change () Addition

LEBRON, EMILIO Name: Name: Address: 1043 DRIFT CREEK COVE Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CHAILLOU, LESLIE Name: CHAILLOU, LESLIE Name: 2861 ENTERPRISE DRIVE Address: Address: 2482 IVAN CT. City-St-Zip: DEBARY, FL 32713 City-St-Zip: ORLANDO, FL 32807

Title: () Delete Title: TR (X) Change () Addition

FUSTON, KATHY L Name: LERCH, RONALD Name: 335 PINEY RIDGE ROAD 2523 RIDGEWOOD AVENUE Address: Address:

City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: SANFORD, FL 32773

Title: () Delete Title: (X) Change () Addition WATSON, SHARON A HALL, MARSHA Name: Name:

3119 WALLINGTON DRIVE 9 WOOD RIDGE DR Address: Address: City-St-Zip: OCALA, FL 34482 City-St-Zip: ORLANDO, FL 32810

Title: () Delete Title: () Change (X) Addition

PETERS LEE Name: Name: Address: Address: 8312 PAMLICO STREET ORLANDO, FL 32817 City-St-Zip: 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: REV LESLIE CHAILLOU S 07/29/2009