

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738056

FILED
Apr 07, 2005
Secretary of State

Entity Name: SCIENCE OF SPIRITUALITY, INC.

Current Principal Place of Business:

1700 AVENUE O, SW
P.O. BOX 2202
WINTER HAVEN, FL 338832202 US

New Principal Place of Business:

Current Mailing Address:

1700 AVENUE O, SW
P.O. BOX 2202
WINTER HAVEN, FL 338832202 US

New Mailing Address:

FEI Number: 59-1869426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACHOR, DIANN S
1700 AVE O, S,W
WINTER HAVEN, FL 33880 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: ST () Delete
Name: CHURCH, ALTA
Address: PO BAX 393
City-St-Zip: DUNDEE, FL 33838

Title: PD () Delete
Name: ACHOR, DIANN S
Address: 1700 AV O, SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: HEWITT, DONNA
Address: 5335 LISA AVE
City-St-Zip: LAKE LAND, FL 33913

Title: D () Delete
Name: MALYS, JUDY
Address: 3761 LAKE CONNINE DR. EAST
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: VAN AUTREVE-GRAY, SHIRLEY
Address: 3606 LAZY LAKE DR. SOUTH
City-St-Zip: LAKE LAND, FL 338016200

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: CHURCH, ALTA
Address: 200 AVE. K, S. E. APT 433
City-St-Zip: WINTER HAVEN, FL 33830

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

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

Title: D (X) Change () Addition
Name: MALYS, JUDY
Address: 2500 21ST. ST N.W. #58
City-St-Zip: WINTER HAVEN, FL 33801

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANN S. ACHOR

PD

04/07/2005

Electronic Signature of Signing Officer or Director

Date