


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 738468	
1. Entity Name THE CHURCH OF THE MOVEMENT OF SPIRITUAL INNER AWARENESS OF FLORIDA, INC.	

Principal Place of Business 5605 N. BAYSHORE DR. MIAMI, FL 33137	Mailing Address 5605 N. BAYSHORE DR. MIAMI, FL 33137
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FILED
04 JUN 10 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1779223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAGE, DEAN
5960 SW 45TH ST.
MIAMI, FL 33155

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENZER, MARK 7023 LOCH ISLE DR., SO MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABIN, RON 17833 NW 15TH ST PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALSH, RICH 5605 NORTH BAYSHORE DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD L.N. Whitaker 10163 SW 49 Place Cooper City, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Richard Walsh Treasurer 6/4/04 305-892-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #