


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 738468 1. Entity Name THE CHURCH OF THE MOVEMENT OF SPIRITUAL INNER AWARENESS OF FLORIDA, INC.	
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Principal Place of Business 5605 N. BAYSHORE DR. MIAMI, FL 33137	Mailing Address 5605 N. BAYSHORE DR. MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



05222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1779223	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE
IN THIS SPACE**

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 7, 2005	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 WHITAKER, LIN 10163 S.W. 49 PLACE COOPER CITY, 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/05-80002-005 61.25

12. I hereby certify that the information submitted 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 supporting document 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, and am 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:  **Treasurer** **5/22/05** **305-757-7609**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #