

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740061

1. Entity Name

THE SPIRITUAL CENTER CHURCH, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90016 025 ****61.25

Principal Place of Business

Mailing Address

560 N. CLWTR/LARGO RD.
LARGO FL 33775

560 N. CLWTR/LARGO RD.
LARGO FL 33770-2337

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1770229

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELISABETH P. RICHTER
2610 EMPIRAL PALM DRIVE
LARGO FL 34641

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME RICHTER, ELISABETH P.
STREET ADDRESS 2610 EMPIRAL PALM DRIVE
CITY-ST-ZIP LARGO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME WALTER, BARBARA J.
STREET ADDRESS 12929 98TH AVE. NORTH
CITY-ST-ZIP LARGO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME GOSS, BARBARA
STREET ADDRESS 1717 WINFIELD ROAD S.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HOWARD, KEVIN A
STREET ADDRESS 2567 OAK TR. N. APT. 104
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PRUSE, ELAINE
STREET ADDRESS 10550 PARK BLVD. N. #75
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME VAN DUSEN, CAROLE
STREET ADDRESS 6 OAK AVENUE
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-2000 727-585-4985