## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 08, 2001 8:00 am Secretary of State DOCUMENT # 740061 1. Entity Name THE SPIRITUAL CENTER CHURCH, INC. 03-08-2001 90097 022 \*\*\*\*61 25 Principal Place of Business Mailing Address 560 N. CLWTR/LARGO RD. 560 N. CLWTR/LARGO RD. ~ U U & O LARGO FL 33775 LARGO FL 33775 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1770229 Not Applicable Zip Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired -770 3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ELISABETH P. RICHTER 2610 EMPERIAL PALM DRIVE LARGO FL 34641 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition TITLE ☐ Change TITLE ☐ Delete DS RICHTER, ELISABETH P. NAME NAME Marianne Fisher STREET ADDRESS STREET ADDRESS 2610 EMPERIAL PALM DRIVE 8747 Bardmoor Place #S102 CITY-ST-ZIP CITY-ST-ZIP LARGO FL Largo, Fl Change ☐ Addition TITLE □ Delete TITLE WALTER, BARBARA J. NAME NAME 12929 98TH AVE. NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition X Delete TITLE Change TITLE GOSS, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 1717 WINFIELD ROAD S. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME PRUSE, ELAINE NAME STREET ADDRESS STREET ADDRESS 10550 PARK BLVD. N. #75 CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL Delete Change ☐ Addition TITLE TITLE NAME VAN DUSEN, CAROLE NAME STREET ADDRESS STREET ADDRESS 6 OAK AVENUE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

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