2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740061

City-St-Zip:

LARGO, FL 33774

: THE SPIRITUAL CENTER CHURCH INC

FILED Jan 16, 2004 Secretary of State

Entity Name: THE SPIRITUAL CENTER CHURCH, INC.							
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
160 6TH S LARGO, F							
Current M	lailing Addre	ss:	New Mailing Address:				
160 6TH S LARGO, F							
FEI Number	: 59-1770229	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address o	f New Registered Agent:		
	H P. RICHTER ERIAL PALM I L 34641 U	DRIVE					
	named entity of Florida.	submits this statement for the p	purpose of changing i	ts registered	d office or registered agent, or	both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered Ag	ent		Date		
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RICHTER, ELI	AL PALM DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	PD (WALTER, BAR 12929 98TH A' LARGO, FL 33	/E. NORTH	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	FISHER, MARI	W BLVD. #208	Title: Name: Address: City-St-Zip:	LILLEY, BON SUN ISLE D			
Title: Name: Address: City-St-Zip:	DVP (SHIRER, ANN 7180 HIDDEN SEMINOLE, FL		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name:	D (MILLIGAN, KEI		Title: Name:		() Change () Addition		

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.

City-St-Zip:

SIGNATURE: BARBARA J. WALTER PD 01/16/2004