

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90156 045 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747494

1. Corporation Name

FLORIDA STATE ASSOCIATION OF SPIRITUALIST MINISTERS, INC.

Principal Place of Business

**6220 ALMOND TERRACE
PLANTATION FL 33317-2500**

Mailing Address

**6220 ALMOND TERRACE
PLANTATION FL 33317-2500**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/04/1979

4. FEI Number

NOT-APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**METRAUX, FRANCOIS
6220 ALMOND TERRACE
PLANTATION FL 33317-2500**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **METRAUX, FRANCOIS**
STREET ADDRESS **6220 ALMOND TERRACE**
CITY-ST-ZIP **PLANTATION FL 33317-2500**

TITLE **VD** ☐ DELETE
NAME **METRAUX-CHALFORD, GINGER**
STREET ADDRESS **6200 ALMOND TERRACE**
CITY-ST-ZIP **PLANTATION FL 33317-2500**

TITLE **D** ☒ DELETE
NAME **CONSTANTINO, CAROLYN**
STREET ADDRESS **820 S.E. 18TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316-2942**

TITLE **VD** ☐ DELETE
NAME **DUKE, EDWARD "RED"**
STREET ADDRESS **1341 S.W. 25TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **D** ☐ DELETE
NAME **MILLER, SHERRIE D**
STREET ADDRESS **8966 S.W. 52ND ST.**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **SD** ☐ DELETE
NAME **SEATON, ELSABETH**
STREET ADDRESS **529 N.E. 25TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33305**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
FRANCOIS METRAUX

5/4/1999 (954) 791-5838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)