

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90002 022 \*\*\*\*61.25

**DOCUMENT # 747494**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **METRAUX, FRANCOIS D**  
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 **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**

TITLE **D** ☐ Delete  
NAME **AWTRY-SMITH, MARILYN**  
STREET ADDRESS **118 WAX MYRTLE DR**  
CITY-ST-ZIP **SANFORD FL 32773**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME  
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CITY-ST-ZIP

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 empowered.

**SIGNATURE:**

*F.D. Metvax* **F.D. Metvax, Pres**

**2/28/2004**

**954 791 5838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #