

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90020 017 ****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**

40003284



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1942679

Applied for
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
METRAUX, FRANCOIS D
6220 ALMOND TERRACE
PLANTATION, FL 333172500**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
METRAUX-CHALFORD, GINGER
6200 ALMOND TERRACE
PLANTATION, FL 333172500**

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

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

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

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

**DO NOT WRITE
IN THIS SPACE**

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:

Rev. F.D. W. L.

1/15/2005

954-791-5838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #