

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747494

FILED
Jun 24, 2009
Secretary of State

Entity Name: FLORIDA STATE ASSOCIATION OF SPIRITUALIST MINISTERS, INC.

Current Principal Place of Business:

5809 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5809 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-1942679 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PIZZATI, MARGUERITE
5809 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SIMONS, BARBARA
Address: 5809 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: METRAUX, FRANCOIS
Address: 5809 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD () Delete
Name: DUKE, EDWARD
Address: 1341 S.W. 25TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: MILLER, SHERRIE D
Address: 8966 S.W. 52ND ST.
City-St-Zip: COOPER CITY, FL 33328

Title: SD () Delete
Name: SEATON, ELSABETH
Address: 529 N.E. 25TH ST
City-St-Zip: FT LAUDERDALE, FL 33305

Title: D () Delete
Name: AWTRY-SMITH, MARILYN
Address: 118 WAX MYRTLE DR
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: BARBARA A SIMONS

PTD

06/24/2009

Electronic Signature of Signing Officer or Director

Date