

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90358 039 ****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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD						
	METRAUX, FRANCOIS D	6220 ALMOND TERRACE	PLANTATION FL 33317-2500				
	VD						
	METRAUX-CHALFORD, GINGER	6200 ALMOND TERRACE	PLANTATION FL 33317-2500				
	VD						
	DUKE, EDWARD "RED"	1341 S.W. 25TH AVE.	FT. LAUDERDALE FL 33312				
	D						
	MILLER, SHERRIE D	8966 S.W. 52ND ST.	COOPER CITY FL 33328				
	SD						
	SEATON, ELSABETH	529 N.E. 25TH ST	FT LAUDERDALE FL 33305				
	D						
	AWTRY-SMITH, MARILYN	118 WAX MYRTLE DR	SANFORD FL 32773				

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2003

954 791 5838

CR2E037 (10/02)