

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753328 (4)

1. Corporation Name  
**UNIVERSAL CHURCH OF SPIRITUAL SCIENCE, SPIRITUAL CENTRE OF CASSADAGA, INC.**



Principal Place of Business: 125A S. VOLUSIA, ORANGE CITY FL 32763  
Mailing Address: 125A S. VOLUSIA, ORANGE CITY FL 32763

3. Date Incorporated or Qualified: 07/14/1980  
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business  
21 102 A ASPEN AVE  
22 Suite, Apt. #, etc.  
23 ORANGE CITY, FL  
24 32763  
25 USA

2a. Mailing Address  
26 102 A ASPEN AVE  
27 Suite, Apt. #, etc.  
28 ORANGE CITY, FL  
29 32763  
30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
SCHMIDT, MARGARET ANN (REV)  
2724 AMBERGATE ROAD  
WINTER PARK FL 32792

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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: *REV. MARGARET ANN SCHMIDT - Rev. Margaret Ann Schmidt 1-26-96*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	CONRAD, EDNA	
STREET ADDRESS	2300 EAST GRAVES AVE #515	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, MARGARET ANN	
STREET ADDRESS	1083 STEVENS STREET	
CITY-ST-ZIP	CASSADAGA, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOVE, NANCY	
STREET ADDRESS	2212 WHITE MARSH DRIVE	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Rev. Margaret Ann Schmidt - REV. MARGARET ANN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: *SCHMIDT 904-228-2222*  
Daytime Phone #

CR2E037 (12/95)