


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

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 753328**

1. Entity Name  
 UNIVERSAL CHURCH OF SPIRITUAL SCIENCE,  
 SPIRITUALCENTRE OF CASSADAGA, INC.



Principal Place of Business      Mailing Address

102 A ASPEN AVE      P.O. BOX 111  
 ORANGE CITY, FL 32763 US      CASSADAGA, FL 32706 US

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, MARGARET ANN (REV)  
 439 NORTH BOSTON AVE  
 DELAND, FL 32724

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VD CONRAD, EDNA 2300 EAST GRAVES AVE #138 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHMIDT, MARGARET ANN P.O. BOX 111 CASSADAGA, FL 32706
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOVE, NANCY 2212 WHITE MARSH DRIVE DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000189507  
 01/24/05-80100-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Margaret Ann Schmidt      1-18-2005      386-228-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*President - Director - Pastor*