


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

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

<b>DOCUMENT # 753328</b> 1. Entity Name UNIVERSAL CHURCH OF SPIRITUAL SCIENCE, SPIRITUALCENTRE OF CASSADAGA, INC.	
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Principal Place of Business 102 A ASPEN AVE ORANGE CITY, FL 32763 US	Mailing Address P.O. BOX 111 CASSADAGA, FL 32706 US
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01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> 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
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**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	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000183507  
01/24/05-80100-011 61.25

**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. 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