

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90050 007 ****61.25

DOCUMENT # 753328

1. Entity Name

UNIVERSAL CHURCH OF SPIRITUAL SCIENCE,
 SPIRITUALCENTRE OF CASSADAGA, INC.



Principal Place of Business Mailing Address

102 A ASPEN AVE
 ORANGE CITY FL 32763
 US

P.O. BOX 111
 CASSADAGA FL 32706
 US



1st MOORE CR2E037 (10/05)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1 2006

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	CONRAD, EDNA	
STREET ADDRESS	2300 EAST GRAVES AVE #138	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHMIDT, MARGARET ANN	
STREET ADDRESS	P.O. BOX 111	
CITY-ST-ZIP	CASSADAGA FL 32706	
TITLE	SI	<input type="checkbox"/> Delete
NAME	LOVE, NANCY	
STREET ADDRESS	2312 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	211 DUNBARTON DRIVE	
CITY-ST-ZIP	ST. SIMONS ISLAND, GA. 31522	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* PRESIDENT-PASTOR 1-22-2006 206 228 2212