


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Jan 28, 2008 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
ORANGE CITY FL 32763
US** **P.O. BOX 111
CASSADAGA FL 32706
US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
Zip Country Zip Country

4. FEI Number **NO-T APPLICABLE** Applied For 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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 NAME	VD CONRAD, EDNA	<input type="checkbox"/> Delete
STREET ADDRESS	2300 EAST GRAVES AVE #138	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE NAME	DP SCHMIDT, MARGARET ANN	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 111	
CITY-ST-ZIP	CASSADAGA FL 32706	
TITLE NAME	ST LOVE, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 131	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

U00000801598
02/01/08-80025-002 61.25

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* PASTOR - PRESIDENT
REV. MARGARET ANN SCHMIDT DOMINION 25TH 2008 - 306-228-2222