

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90041 039 \*\*\*\*61.25



**DOCUMENT # 753328**

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

Principal Place of Business Mailing Address  
**102 A ASPEN AVE P.O. BOX 111  
ORANGE CITY FL 32763 CASSADAGA FL 32706  
US US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>CONRAD, EDNA</b>	
STREET ADDRESS	<b>2300 EAST GRAVES AVE #138</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMIDT, MARGARET ANN</b>	
STREET ADDRESS	<b>P.O. BOX 111</b>	
CITY-ST-ZIP	<b>CASSADAGA FL 32706</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>LOVE, NANCY</b>	
STREET ADDRESS	<b>2212 WHITE MARSH DRIVE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

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 empowers.

SIGNATURE: **REV. MARGARET ANN SCHMIDT, PRESIDENT** *Rev. Margaret Ann Schmidt President*  
Date: **1-03-2003** (386-228-2222) Daytime Phone #

CR2E037 (10/02)