

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755053 (6)

1. Corporation Name

THE CHURCH OF INNER GUIDANCE, INC.



Principal Place of Business

7600 RED ROAD
SUITE 206
SOUTH MIAMI FL 33143
US

Mailing Address

7600 RED ROAD
SUITE 206
SOUTH MIAMI FL 33143
US

3. Date Incorporated or Qualified

11/07/1980

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

200 Ocean Lane Dr

4. FEI Number

59-2040163

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

908

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23

28

Key Biscayne FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24

25

29

33149

30

US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, MARIUS A
7600 RED ROAD
SUITE 206
SOUTH MIAMI FL 33143

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

M. A. Robinson

M.A. Robinson

3/30/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHEFFLER, ASTRID H.	
STREET ADDRESS	200 OCEAN DRIVE #908	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ROBINSON, MARIUS A	
STREET ADDRESS	7600 RED ROAD #206	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRIS, RACHEL	
STREET ADDRESS	4 SKYFIELD DRIVE	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ron Kurtz	
1.3 STREET ADDRESS	2548 Pioneer Rd.	
1.4 CITY-ST-ZIP	Talent OR 97540	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	200 Ocean Lane Drive #908	
2.4 CITY-ST-ZIP	Key Biscayne FL 33149	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. A. Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marius A. Robinson, President

3/10/96

Date

305-361-5092

Daytime Phone #

CR2E037 (12/95)