

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755053

1. Entity Name

THE CHURCH OF INNER GUIDANCE, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90008 032 ****61.25

Principal Place of Business

7600 RED ROAD
SUITE 206
SOUTH MIAMI FL 33143
US

Mailing Address

C/O N.A. ROBINSON
P.O. BOX 658
KEY BISCAVNE FL 33149
US

2. Principal Place of Business

200 Ocean Lane Dr.

Suite, Apt. #, etc.

#104

City & State

Key Biscayne FL

Zip

33149

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Robinson Marius A.

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

200 Ocean Lane Dr.

City

Key Biscayne

FL

Zip Code

33149

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.

SIGNATURE

Marius A. Robinson

4/28/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KURTZ, RON
2543 PIONEER RD
TALANT OR ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ROBINSON, MARIUS A
355 W. ENID DRIVE
KEY BISCAVNE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HARRIS, RACHEL
4 SKYFIELD DRIVE
PRINCETON NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FORMAN, ROBERT
385 BROADWAY
HASTINGS ON HUDSON NY 10706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

W. J. ROBINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

305-361-5092

Daytime Phone #

CR2E037 (10/00)