


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90235 012 ****61.25

DOCUMENT # 755053 1. Entity Name THE CHURCH OF INNER GUIDANCE, INC.	
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Principal Place of Business 200 OCEAN LANE DRIVE, #104 KEY BISCAYNE, FL 33149 US	Mailing Address 200 OCEAN LANE DRIVE, #104 P.O. BOX 650 KEY BISCAYNE, FL 33149 US
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04242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBINSON, MARIUS A
200 OCEAN LANE DR
SUITE 104
KEY BISCAYNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURTZ, RON 2543 PIONEER RD TALANT, OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROBINSON, MARIUS A 200 OCEAN LANE DRIVE, #104 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, RACHEL 4 SKYFIELD DRIVE PRINCETON, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMAN, ROBERT 385 BROAD WAY HASTINGS ON HUDSON, NY 10706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Forman* 4/24/04 305-361-5092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #