

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 755053

1. Entity Name
THE CHURCH OF INNER GUIDANCE, INC.



Principal Place of Business

**200 OCEAN LANE DRIVE, #104
KEY BISCAYNE, FL 33149 US**

Mailing Address

**200 OCEAN LANE DRIVE, #104
KEY BISCAYNE, FL 33149 US**



04172005 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 ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KURTZ, RON
STREET ADDRESS	2543 PIONEER RD
CITY-STATE-ZIP	TALANT, OR
TITLE	PTD
NAME	ROBINSON, MARIUS A
STREET ADDRESS	200 OCEAN LANE DRIVE, #104
CITY-STATE-ZIP	KEY BISCAYNE, FL 33149
TITLE	VD
NAME	HARRIS, RACHEL
STREET ADDRESS	4 SKYFIELD DRIVE
CITY-STATE-ZIP	PRINCETON, NJ
TITLE	D
NAME	FORMAN, ROBERT
STREET ADDRESS	385 BROADWAY
CITY-STATE-ZIP	HASTINGS ON HUDSON, NY 10706
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/20/05-80037-006 61.25

**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)(f), 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: *Marius A. Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marius A. Robinson

4/12/05
Date

305.351.5092
Daytime Phone #