

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90164 036 ****61.25

DOCUMENT # 755053

1. Entity Name

THE CHURCH OF INNER GUIDANCE, INC.



Principal Place of Business

**200 OCEAN LANE
SUITE 104
KEY BISCAIYNE FL 33149
US**

Mailing Address

**C/O M.A. ROBINSON
P.O. BOX 658
KEY BISCAIYNE FL 33149
US**

2. Principal Place of Business

200 Ocean Lane Drive

3. Mailing Address

200 Ocean Lane Drive #104

Suite, Apt. #, etc.

Apt #104

Suite, Apt. #, etc.

Apt #104

City & State

Key Biscayne FL

City & State

Key Biscayne FL

Zip

33149

Country

US

Zip

33149

Country

US

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 BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **200 Ocean Lane Drive Apt #104**
CITY-ST-ZIP **Key Biscayne FL 33149**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 empowered.

SIGNATURE: **RONALD A. ROBINSON, P.T.D.** **4/14/03** **305-361-5092**

CR2E037 (10/02)