FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 10: 13

DOCUMENT # 809829 (5)

1. Corporation Name

NATIONAL SPIRITUALIST ASSOCIATION OF CHURCHES

Principal Place of Business	Mailing Address
13 COTTAGE ROW P O BOX 217 LILY DALE NY 14752	13 COTTAGE ROW P O BOX 217 LILY DALE NY 14752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1954
3a. Date of Last Report: 01/27/1994
4. FEI Number: 39-0848088 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip / Country	24 / 25	Zip / Country	29 / 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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
OTZELBERGER, ANN E. 4332 WOODLYNN LN. ORLANDO FL 32812	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
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	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	CUTLER, LELIA	1.2 NAME		
STREET ADDRESS	7310 MEDFIELD #1	1.3 STREET ADDRESS		
CITY-ST-ZIP	NORFOLK VA	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SAX, JOSEPH	2.2 NAME		
STREET ADDRESS	9116 W CONGRESS ST APT 5	2.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WITTICH, BRENDA	3.2 NAME	Wittich, Brenda	
STREET ADDRESS	3903 CONNECTICUT ST.	3.3 STREET ADDRESS	3903 Connecticut St.	
CITY-ST-ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	St. Louis Mo	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	SNOWMAN, SHARON L.	4.2 NAME		
STREET ADDRESS	15 ERIE STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	LILY DALE NY	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	MERRILL, JOSEPH H	5.2 NAME	Baker, Bernard	
STREET ADDRESS	13 CLEVELAND ST	5.3 STREET ADDRESS	1710 E. Bell De Mar	
CITY-ST-ZIP	LILY DALE NY	5.4 CITY-ST-ZIP	Tempe Az 85283	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SPENCER, PAUL	6.2 NAME	Thurman, Barbara	
STREET ADDRESS	11025 OLEAN RD.	6.3 STREET ADDRESS	200 Marina Vista Road	
CITY-ST-ZIP	DELEVAN NY	6.4 CITY-ST-ZIP	Lookout GA 94939	

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: Rev. Sharon L. Snowman, Ex. Corp. Secy 1/26/95 (716) 595-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C079484