

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **809829** (5)
1. Corporation Name
NATIONAL SPIRITUALIST ASSOCIATION OF CHURCHES



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

Mailing Address
**13 COTTAGE ROW
P O BOX 217
LILY DALE NY 14752**

3. Date Incorporated or Qualified
05/21/1954

3a. Date of Last Report
01/31/1995

4. FEI Number
39-0848088

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**OTZELBERGER, ANN E.
4332 WOODLYNN LN.
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CUTLER, LELIA	
STREET ADDRESS	7310 MEDFIELD #1	
CITY-ST-ZIP	NORFOLK VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAX, JOSEPH	
STREET ADDRESS	9116 W CONGRESS ST APT 5	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WITTICH, BRENDA	
STREET ADDRESS	3903 CONNECTICUT STREET	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SNOWMAN, SHARON L.	
STREET ADDRESS	15 ERIE STREET	
CITY-ST-ZIP	LILY DALE NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, BERNARD	
STREET ADDRESS	1710 E BELL DE MAR	
CITY-ST-ZIP	TEMPE AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THRUMAN, BARBARA	
STREET ADDRESS	200 MARINA VISTA ROAD	
CITY-ST-ZIP	LAKEPUR CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Conner, Alfred
2.4 CITY-ST-ZIP	293 Jersey Street San Francisco CA 94114
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	Ashlay, Pamela
5.4 CITY-ST-ZIP	4331 Thomas Avenue N Minneapolis, MN 55412-1005
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

Sharon L. Snowman

2/23/96

(716) 595-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)