

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **809829** (5)  
1. Corporation Name  
**NATIONAL SPIRITUALIST ASSOCIATION OF CHURCHES**



Principal Place of Business <b>13 COTTAGE ROW P O BOX 217 LILY DALE NY 14752</b>	Mailing Address <b>13 COTTAGE ROW P O BOX 217 LILY DALE NY 14752-0217</b>
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3. Date Incorporated or Qualified <b>05/21/1954</b>	3a. Date of Last Report <b>02/28/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number <b>39-0848088</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CUTLER, LELIA</b>	1.2 NAME	<b>CONNER, ALFRED</b>
STREET ADDRESS	<b>7310 MEDFIELD #1</b>	1.3 STREET ADDRESS	<b>393 Jersey Street</b>
CITY-ST-ZIP	<b>NORFOLK VA</b>	1.4 CITY-ST-ZIP	<b>San Francisco, CA 94114-3822</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONNER, ALFRED</b>	2.2 NAME	<b>LERCH, JUAN KERR</b>
STREET ADDRESS	<b>293 JERSEY STREET</b>	2.3 STREET ADDRESS	<b>335 Piney Ridge Road</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	2.4 CITY-ST-ZIP	<b>Casselberry FL 32707-3805</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WITTICH, BRENDA</b>	3.2 NAME	
STREET ADDRESS	<b>3903 CONNECTICUT STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNOWMAN, SHARON L.</b>	4.2 NAME	
STREET ADDRESS	<b>15 ERIE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LILY DALE NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASHLAY, PAMLA</b>	5.2 NAME	<b>ASHLAY, PAMLA</b>
STREET ADDRESS	<b>4331 THOMAS AVENUE N</b>	5.3 STREET ADDRESS	<b>11811 Watertown Plank Road</b>
CITY-ST-ZIP	<b>MINNEAPOLIS MN</b>	5.4 CITY-ST-ZIP	<b>Milwaukee WI 53226-3342</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THRUMAN, BARBARA</b>	6.2 NAME	
STREET ADDRESS	<b>200 MARINA VISTA ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKESPUR CA</b>	6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)