

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90061 050 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 809829

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/21/1954

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**

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

FL

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

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 **D** ☒ DELETE

NAME **COVERSON, MARRICE**
STREET ADDRESS **5341 S CORNELL**
CITY-ST-ZIP **CHICAGO IL 60615-6205**

TITLE **TD** ☐ DELETE

NAME **CUTLER, LELIA**
STREET ADDRESS **7310 MIDFIELD ST #1**
CITY-ST-ZIP **NORFOLK VA 23505-4126**

TITLE **PD** ☐ DELETE

NAME **THURMAN, BARBARA**
STREET ADDRESS **200 MARINA VISTA RD**
CITY-ST-ZIP **LARKSPUR CA 94939-2144**

TITLE **SD** ☐ DELETE

NAME **SNOWMAN, SHARON L.**
STREET ADDRESS **15 ERIE STREET**
CITY-ST-ZIP **LILY DALE NY**

TITLE **VD** ☐ DELETE

NAME **ASHLAY, PAMLA**
STREET ADDRESS **4331 THOMAS AVENUE N**
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **D** ☐ DELETE

NAME **ALLEN, COSIE**
STREET ADDRESS **1418 HALL ST SE**
CITY-ST-ZIP **GRAND RAPIDS MI 49506-3960**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **SNELL, CATHERINE**
1.3 STREET ADDRESS **17 ANN COURT**
1.4 CITY-ST-ZIP **KINGS PARK NY 11754-2001**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE REQUIRED
SIGNATURE: Rev. Sharon L. Snowman *Sharon L. Snowman* 1/11/99 (716) 595-2000

CR2E037 (11/98)