

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 809829**

1. Entity 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 14752-0217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**39-0848088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SNELL, CATHERINE**  
CITY-ST-ZIP **17 ANN CT**  
**KINGS PARK NY 11754-2001**

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

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

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

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

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

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

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

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

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

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

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:** *Rev. Sharon L. Snowman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rev. Sharon L. Snowman, Sec. 1/11/2000

Ph: (716) 595-2000

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90115 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)