2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809829

FILED Jan 11, 2005 Secretary of State

Entity Name: NATIONAL SPIRITUALIST ASSOCIATION OF CHURCHES

Current Principal Place of Business: New Principal Place of Business: 13 COTTAGE ROW P O BOX 217 LILY DALE, NY 14752 **New Mailing Address: Current Mailing Address:** 13 COTTAGE ROW P O BOX 217 LILY DALE, NY 14752 FEI Number: 39-0848088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OTZELBERGER, ANN E. 4332 WOODLYNN LN. ORLANDO, FL 32812 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SNELL, CATHERINE REV SNELL, CATHERINE REV Name: Name: 17 ANN CT Address: 17 ANN CT Address: City-St-Zip: KINGS PARK, NY 117542001 US City-St-Zip: KINGS PARK, NY 117542001 US Title: PD () Delete Title: () Change () Addition CUTLER, LELIA REV Name: Name: Address: 7310 MIDFIELD ST #1 Address: City-St-Zip: NORFOLK, VA 235054126 US City-St-Zip: Title: () Delete Title: () Change () Addition BERG, PETER Name: Name: 1280 CLAAS AVENUE Address: Address: City-St-Zip: HOLBROOK, NY 117413902 US City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: SNOWMAN, SHARON L REV Name: Address: 15 ERIE STREET Address: City-St-Zip: LILY DALE, NY 147520217 US City-St-Zip: Title: () Delete Title: (X) Change () Addition ASHLAY, PAMLA REV SCHOELLER, RICHARD P REV Name: Name: 11811 WATERTOWN PLANK ROAD 26 SABBATH DAY PATH Address: Address: City-St-Zip: MILWAUKEE, WI 532263342 US City-St-Zip: HUNTINGTON, NY 11743 US Title: () Delete Title: () Change () Addition ALLEN, COSIE REV Name: Name: Address: 1418 HALL ST SE Address: GRAND RAPIDS, MI 495063960 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON L. SNOWMAN REV 01/11/2005