

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809829

FILED
Mar 19, 2009
Secretary of State

Entity Name: NATIONAL SPIRITUALIST ASSOCIATION OF CHURCHES

Current Principal Place of Business:

13 COTTAGE ROW
P O BOX 217
LILY DALE, NY 14752

New Principal Place of Business:

13 COTTAGE ROW
LILY DALE, NY 14752 US

Current Mailing Address:

13 COTTAGE ROW
P O BOX 217
LILY DALE, NY 14752

New Mailing Address:

13 COTTAGE ROW
P O BOX 217
LILY DALE, NY 14752 US

FEI Number: 39-0848088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: VPD () Delete
Name: SNELL, CATHERINE REV
Address: 31 SUGARPLUM LANE
City-St-Zip: LONDONDERRY, NH 03053 US

Title: PD () Delete
Name: CUTLER, LELIA REV
Address: 7310 MIDFIELD ST #1
City-St-Zip: NORFOLK, VA 235054126 US

Title: TD () Delete
Name: BERG, PETER
Address: 1280 CLAAS AVENUE
City-St-Zip: HOLBROOK, NY 117413902 US

Title: SD () Delete
Name: SNOWMAN, SHARON L REV
Address: 5 RIDGEWAY CIRCLE
City-St-Zip: LILY DALE, NY 147520217 US

Title: D () Delete
Name: SCHOELLER, RICHARD P REV
Address: 26 SABBATH DAY PATH
City-St-Zip: HUNTINGTON, NY 11743 US

Title: D () Delete
Name: ALLEN, COSIE REV
Address: 1418 HALL ST SE
City-St-Zip: GRAND RAPIDS, MI 495063960 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SNOWMAN, SHARON L REV
Address: 15 ERIE STREET PO BOX 1161
City-St-Zip: LILY DALE, NY 147520217 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: REV. SHARON L. SNOWMAN, EXEC. SECRETARY

SEC

03/19/2009

Electronic Signature of Signing Officer or Director

Date