

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809829

FILED
Jan 04, 2011
Secretary of State

Entity Name: NATIONAL SPIRITUALIST ASSOCIATION OF CHURCHES

Current Principal Place of Business:

13 COTTAGE ROW
LILY DALE, NY 14752 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: GOSSELIN, BRADLEY REV
Address: 147 SYLVAN STREET
City-St-Zip: DANVERS, MA 01923-357 US

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

Title: TD
Name: BERG, PETER
Address: 20916 BELLERIVE DRIVE
City-St-Zip: PFLUGERVILLE, TX 78660 US

Title: SD
Name: SNOWMAN, SHARON L REV
Address: 7 FIRST STREET PO BOX 1161
City-St-Zip: LILY DALE, NY 147520217 US

Title: D
Name: GEE, SONNY
Address: 815 PROSPECT AVENUE
City-St-Zip: OAKLAND, CA 94610-381 US

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON L. SNOWMAN

REV

01/04/2011

Electronic Signature of Signing Officer or Director

Date