2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000002539 1. Entity Name

FILED Jan 24, 2003 8:00 am **Secretary of State**

01-24-2003 90064 020 ****61.25

RUSEWOOD CENTER FOR PRATER AND SPIRITUALITY, INC						
Principal Place of Business Maili		ling Address		7		
		P.O. BOX 452997 KISSIMMEE FL 34745-2997				
2. Principal Place of Busines	3. M	ailing Address				
931 West OAK ST.				T TO DESIGN THE BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO		
Suite, Apt. #, etc. #=103-1		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State _ C		City & State		4. FEI Number 59-3640150		Applied For
KISSIMMER, FL.					7 00 10 10 0	Not Applicable
34741	USA	Zip	Country	5. Certificate of St.	Fee R	5 Additional equired
					ress of New Registered Agent	
			Name			
STULTING, CURTIS B		Street Addre		s (P.O. Box Number is Not Acceptable)		
1949 SHADOW OAKS RD. KISSIMMEE FL 34744-5308						
			City		FL Zi	o Code
8. The above named entity s the obligations of registers		rpose of changing its re	gistered office or registe	red agent, or both, in	the State of Florida. I am familia	with, and accept
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to				when reinstating) DATE		
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State	

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE TITLE ☐ Change ☐ Addition Delete STULTING, CURTIS B NAME NAME STREET ADDRESS 1949 SHADOW OAKS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 TITLE ☐ Delete TITLE Change Addition ROSSO, PAMELA A NAME NAME STREET ADDRESS 1949 SHADOW OAKS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 TITLE Delete TITLE ☐ Addition ☐ Change WAUGH, JOHN NAME NAME STREET ADDRESS 1775 LEMON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete TITLE ☐ Change ☐ Addition TITLE SCHWENDINGER, PAULA NAME NAME STREET ADDRESS 2150 ST. RD. 559 GUADALUPE MISSION STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAHENTA FL 33880 MD TITLE ☐ Delete TITLE ☐ Change Addition NAME Albert, Peggy NAME STREET ADDRESS **68 CHENEY PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Addition TITLE ☐ Delete TITLE ☐ Change NAME PAULA CUNDIFIF 2306 SONORA CT. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMINE FL34746

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 appears, with all other like empowered.

SIGNATURE:

1/18/03 (407)654-2026