

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90493 016 ****70.00

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1. Entity Name

SPIRITWORKS CENTER FOR SPIRITUAL FORMATION AND LEADERSHIP, INC.



Principal Place of Business

**1690 CYPRESS POINT LANE
WINTER PARK FL 32792**

Mailing Address

**1690 CYPRESS POINT LANE
WINTER PARK FL 32792**

2. Principal Place of Business

1690 Cypress Pt Ln

3. Mailing Address

1690 Cypress Pt Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32792

Country

USA

Zip

32792

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3646843**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, PATRICIA D REV.
1690 CYPRESS POINT LANE
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BROWN, PATRICIA D REV.**
STREET ADDRESS **1690 CYPRESS POINT LANE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☐ Delete
NAME **BURROWS, WILLIAM PH.D**
STREET ADDRESS **P.O. BOX 308 AVE**
CITY-ST-ZIP **MARYKNOLL NY 10-5450**

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

TITLE **D** ☐ Delete
NAME **COWLES, KEN**
STREET ADDRESS **4321 BENT TREE BLVD**
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **D** ☐ Delete
NAME **HUTCHEN, ANN**
STREET ADDRESS **55 SUNDOWN TRAIL**
CITY-ST-ZIP **CASLEBERRY FL 32707**

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

TITLE **D** ☐ Delete
NAME **HOMRICH, DIANE CPA**
STREET ADDRESS **3726 M/ GOLDENROAD ROAD**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1/13/03 407-657-2672

CR2E037 (10/02)