

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005873

FILED
Feb 02, 2005
Secretary of State

Entity Name: CENTER FOR SPIRITUAL CARE, INC.

Current Principal Place of Business:

1550 24TH ST.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1550 24TH ST.
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 65-1041953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLITT, RICHARD
4385 - 62ND TERRACE
VERO BEACH, FL 32967 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: D () Delete
Name: LUDWIG, CAROL
Address: 4545 22ND LN
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: SCHLITT, MAUREEN
Address: 4385 62ND TERRACE
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: OBLUCK, WARREN
Address: 4545 22ND LANE
City-St-Zip: VERO BEACH, FL 32966

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:

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: RICHARD SCHLITT

RA

02/02/2005

Electronic Signature of Signing Officer or Director

Date