## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000005873

FILED Apr 24, 2008 Secretary of State

Entity Na	nme: CENTER	R FOR SPIRITUAL CARE, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
1550 24TI VERO BE	H ST. EACH, FL 3296	50			
Current Mailing Address:			New Mailing Address:		
1550 24TI VERO BE	H ST. EACH, FL 3296	60			
FEI Numbe	r: 65-1041953	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
4385 - 62Ì	, RICHARD ND TERRACE EACH, FL 3290				
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LUDWIG, CAR 4545 22ND LN	l	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHLITT, MAU 4385 62ND TE	ERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D (	, FL 32967			
Address: City-St-Zip:	OBLUCK, WAI 4545 22ND LA	) Delete RREN NE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: MAUREEN SCHLITT D 04/24/2008