

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005873

FILED  
Apr 12, 2012  
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  
Name: LUDWIG, CAROL  
Address: 4545 22ND LN  
City-St-Zip: VERO BEACH, FL 32966

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

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

Title: D  
Name: SCHLITT, WILLIAM  
Address: 2212 19TH PLACE  
City-St-Zip: VERO BEACH, FL 32960

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:** MAUREEN SCHLITT

D

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date