


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90052 029 ****61.25

DOCUMENT # N01000001251			
1. Entity Name CHURCH OF SPIRITUAL AWAKENING AFSC, INC.			
Principal Place of Business P. O. BOX 421105 KISSIMMEE, FL 34742		Mailing Address P. O. BOX 421105 KISSIMMEE, FL 34742	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 8 BROADWAY SUITE 226		Suite, Apt. #, etc.	
City & State KISSIMMEE FL		City & State	
Zip 34741	Country USA	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KINGSLIEN, MARY K 338 KASSIK CIRCLE ORLANDO, FL 32824		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP SHERWOOD, HELEN J 11035 COUNTRY HILL RD. CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REV MARY KINGSLIEN 338 KASSIK CIRCLE ORLANDO FL 32824 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, STEVE 3241 PINE RIDGE CIRCLE KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT HELEN SHERWOOD 11035 COUNTRY HILL RD CLERMONT FL 34711 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOSNOCK, ENEIDA 5442 DAHLIA RES. KISSIMMEE, FL 34758 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MICHAEL DAVIES 3227 ST AUGUSTINE COURT KISSIMMEE FL 34746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT REV. MARY KINGSLIEN 338 KASSIK CIRCLE ORLANDO FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>MARY KINGSLIEN</u>		Date: <u>4/30/07</u> Daytime Phone #: <u>407 518 6711</u>	

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02032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3699463 Applied For Not Applicable

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