


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # N02000004366		
1. Entity Name SARASOTA CENTER OF SPIRITUAL AWARENESS, INC.		
Principal Place of Business 7264 ANTIGUA PLACE SARASOTA, FL 34231 US		Mailing Address C/O REV DUFFY RUTLEDGE 7264 ANTIGUA PLACE SARASOTA, FL 34231 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PFINGSTEN, ROSS W 9526 59TH AVENUE EAST BRADENTON, FL 34202		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTLEDGE, GAIL 7264 ANTIGUA PLACE SARASOTA, FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRUSCEMI, KATHI 4145 PALAU DRIVE SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIHL, DONNA 412 SOUTH SHORE DRIVE SARASOTA, FL 34234	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Kathi BrusceMI</u> KATHI BRUSCEMI / VS 4-13-06 941-379-3179 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04122008 No Chg-NP CR2E037 (11/05)

4. FEI Number 01-0731343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/06-80143-001 61.25

**DO NOT WRITE
IN THIS SPACE**