

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 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



04172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RUTLEDGE, GAIL
STREET ADDRESS	7264 ANTIGUA PLACE
CITY - ST - ZIP	SARASOTA, FL 34231

TITLE	VS
NAME	BRUSCEMI, KATHI
STREET ADDRESS	4145 PALAU DRIVE
CITY - ST - ZIP	SARASOTA, FL 34241

TITLE	T
NAME	PIHL, DONNA
STREET ADDRESS	412 SOUTH SHORE DRIVE
CITY - ST - ZIP	SARASOTA, FL 34234

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Kathi BrusceMI* Kathi BrusceMI, VS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-07 941-379-3179

Date

Daytime Phone #