

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004366

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** SARASOTA CENTER OF SPIRITUAL AWARENESS, INC.

**Current Principal Place of Business:**

7264 ANTIGUA PLACE  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O REV DUFFY RUTLEDGE  
7264 ANTIGUA PLACE  
SARASOTA, FL 34231 US

**New Mailing Address:**

7264 ANTIGUA PLACE  
SARASOTA, FL 34231 US

**FEI Number:** 01-0731343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PFINGSTEN, ROSS W  
9526 59TH AVENUE EAST  
BRADENTON, FL 34202 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: P  
Name: RUTLEDGE, GAIL  
Address: 7264 ANTIGUA PLACE  
City-St-Zip: SARASOTA, FL 34231 US

Title: VS  
Name: BRUSCEMI, KATHI  
Address: 4145 PALAU DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: T  
Name: DONNELLON, SHIRLEY  
Address: 2364 HIVELY STREET  
City-St-Zip: SARASOTA, FL 34231

Title: TR  
Name: RUTH, JAMES H  
Address: 5494 GABO ROAD  
City-St-Zip: NORTH PORT, FL 34287

Title: TR  
Name: RUTH, PATTY L  
Address: 5494 GABO ROAD  
City-St-Zip: NORTH PORT, FL 34287

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: KATHI BRUSCEMI

VS

04/05/2012

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

\_\_\_\_\_  
Date