

DOCUMENT # N18519

1. Entity Name

FOUNDATION FOR SCIENCE AND SPIRITUALITY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

04-04-2000 90016 043 ****61.25

Principal Place of Business

1001 U.S. HIGHWAY ONE
 SUITE 800
 JUPITER FL 33477
 US

Mailing Address

1001 U.S. HIGHWAY ONE
 SUITE 800
 JUPITER FL 33477-4407
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2780096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILSON, HUNTER S
 1001 U.S. HIGHWAY ONE
 SUITE 800
 JUPITER FL 33477

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE TP
 NAME PERRY, HENRY A. *Trustee* ☐ Delete
 STREET ADDRESS 1001 US HIGHWAY 1 SUITE 800
 CITY-ST-ZIP JUPITER FL

TITLE T ☒ Delete
 NAME MCCOMAS, MICHAEL
 STREET ADDRESS 840-B 12TH AVENUE, SOUTH
 CITY-ST-ZIP NAPLES FL

TITLE VP ☒ Delete
 NAME CRAWFORD, BRUCE M.
 STREET ADDRESS 11467 RIVERWOOD PLACE, TWELVE OAKS
 CITY-ST-ZIP N PALM BCH. FL

TITLE ST ☒ Delete
 NAME PERRY, ELLEN M.
 STREET ADDRESS 1001 US HIGHWAY 1 SUITE 800
 CITY-ST-ZIP JUPITER FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME *Trustee*
 STREET ADDRESS *Susan Young*
 CITY-ST-ZIP *11679 Rittenhouse Road*
Marysville, Ohio 43040

TITLE ☐ Change ☒ Addition
 NAME *Trustee, ST.*
 STREET ADDRESS *Hunter S. Wilson*
 CITY-ST-ZIP *1001 N. US Hwy One Suite 800*
Jupiter, FL 33477

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementing 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00
 Date

561-746-8444
 Daytime Phone #

CR2E037 (9/99)