

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90080 002 ****70.00

DOCUMENT # N93000002755

1. Entity Name
THE LIGHT OF SPIRITUALISM, AFSC, INC.



Principal Place of Business
1700 EDGEWATER DR
ORLANDO, FL

Mailing Address
P.O. BOX 547513
ORLANDO, FL 32854-7513

2. Principal Place of Business

3. Mailing Address

714 Dartmouth St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip
32804

Country

Zip

Country

04122005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3204917

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGLAS, LUCY
2215 VINE ST.
ORLANDO, FL 32806

Name **Karen Green**

Street Address (P.O. Box Number is Not Acceptable)

3161 S. Bumby Ave

City **Orlando**

FL

Zip Code
32806

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 **Karen Green, Treasurer**

Karen Green

4/12/05

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PIHL, SHIRLEY A REV**
STREET ADDRESS **2834 AGNES SCOTT WAY**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **V** ☐ Delete
NAME **WILSON, CHARLES**
STREET ADDRESS **1902-10 HONOUR RD.**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE **T** ☐ Delete
NAME **COOPER, JUDY A LM**
STREET ADDRESS **P.O. BOX 41**
CITY-ST-ZIP **CASSADAGE, FL 32706**

TITLE **S** ☒ Delete
NAME **WATERMAN, RITA**
STREET ADDRESS **120 RUBY RED LANE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **P** ☐ Delete
NAME **THOMPSON, SUSAN**
STREET ADDRESS **3066 AUTUMN CT**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☒ Delete
NAME **SIRICHAND, KHALSA**
STREET ADDRESS **5443 AELOUS WAY**
CITY-ST-ZIP **ORLANDO, FL 32808**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Rev. Shirley A. Pihl**
STREET ADDRESS **2834 Agnes Scott Way**
CITY-ST-ZIP **Orlando, FL 32807**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Joline Dawson**
STREET ADDRESS **20 Powder Hill Lane**
CITY-ST-ZIP **Palm Coast, FL 32164**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Karen Green**
STREET ADDRESS **3161 S. Bumby Avenue**
CITY-ST-ZIP **Orlando, FL 32806**

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

TITLE **President** ☒ Change ☐ Addition
NAME **Mary Lou Romich**
STREET ADDRESS **8623 Spring Club Ct.**
CITY-ST-ZIP **Orlando, FL 32825**

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

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 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: **Karen Green, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

407-902-5302

Daytime Phone #