## **FILED**

## Jul 10, 2001 8:00 am Secretary of State

07-10-2001 90566 037 \*\*\*\*61.25

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9600002046 1. Entity Name

## THE CHURCH OF SPIRITUAL AWAKENING INC.



Principal Place of Business	•	Mailing Address
3220 SW 50TH TERRACE FT LAUDERDALE FL 33314		3220 SW 50TH T FT LAUDERDALE

W 50TH TERRACE JDERDALE FL 33314

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		



DO NOT WRITE IN THIS SPACE

		•			4	
City & State City &		City & State	City & State		4. FEI Number ADDI ADDI E Applied For	
					NOT APPLICABLE Not Applicate	le
Zip	Country	Zip	Со	5. Certificate of Status Desired Service Services Service		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
LAW OFFICE OF CHRISTOPHER A NARDUCCI, P.A. 1975 E SUNRISE BLVD SUITE 821 FT LAUDERDALE FL 33304		Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code		
8. The above named	entity submits this statemer	t for the purpose of changir	ng its register	ed office or reg	gistered agent, or both, in the state of Florida.	_

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9. Election Campaign Financing

Trust Fund Contribution.

	C11 F	MARKET
	FII F	NOW:

FEE IS \$61.25

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

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

DATE

					-		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	REVEREND SCHOSCHANA/SUSAI	N LEVY	NAME		,		
STREET ADDRESS	3220 SW 50TH TERRACE		STREET ADDRESS	,			
CITY-ST-ZIP	FT LAUDERDALE FL 33314		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE	VICE - Pres Levy, gos 429 Ryesi	udent	Change	☐ Addition
NAME	LEVY, JOSEPH		NAME	Levy, fos	:e14		
STREET ADDRESS	711 W 190 ST 2E		STREET ADDRESS	499 RYEST	DE AVE		
CITY-ST-ZIP	NEW YORK NY 10040-2672		CITY-ST-ZIP	New MILFO	RO N.J. D	7646	
TITLE	SD	☐ Delete	TITLE			<b>∑</b> Change	☐ Addition
NAME	GOMEZ, ROBERT		NAME	ROBERT G	-のmとこ		_
STREET ADDRESS	1518 S MARIM		STREET ADDRESS	4480 N. LA	RICIN ST		
CITY-ST-ZIP	MILWAUKEE WI 53211		CITY-ST-ZIP	4480 N. LA Shoke wo	00, WI. 53	211	
TITLE		☐ Delete	TITLE	PASHER COR	ما/ه م	☐ Change	Addition
NAME			NAME	PAULA COICO	-05 170 110		
STREET ADDRESS		·	STREET ADDRESS	3220 S.W.	so terk.		
CITY-ST-ZIP			CITY-ST-ZIP	DAVIE E1	33314		
TITLE		☐ Delete	TITLE	SECTACY AIT		☐ Change	Addition
NAME			NAME	KAND A. W.	en bun G		<b>'</b>
STREET ADDRESS			STREET ADDRESS	9/82 NW	40ST		
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPI	RINGS FL	33065	
TITLE	,	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	•		NAME				ļ
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		/	CITY-ST-ZIP				1

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.