

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -7 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P27245 (O)

1. Corporation Name
THE CENTER FOR THEOLOGICAL REFLECTION, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10817 CLARA LANE 10817 CLARA LANE
ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708

3. Date Incorporated or Qualified 3a. Date of Last Report
12/12/1989 03/18/1994
4. FBI Number Applied For
52-1338421 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 637 GARLAND CIRCLE 2b P.O. BOX 726

5. Certificate of Status Desired \$8.75 Additional Fee Required

Suite, Apt. #, etc. Suite, Apt. #, etc.
22

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State City & State
23 INDIAN ROCKS BEACH FT 2b INDIAN ROCKS BEACH FT

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

Zip Country Zip Country
24 34635 25 USA 2b 34635 30 USA

8. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINAST, ROBERT
10817 CLARA LANE
ST. PETERSBURG FL 33708

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
637 GARLAND CIRCLE
83 INDIAN ROCKS BEACH
84 City
85 Zip Code
FL 34635

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert L. Kinast* Robert L. Kinast, Director July 31, 1995
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SCHLOEGEL, JUDITH
STREET ADDRESS	10817 CLARA LANE
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	KINAST, ROBERT
STREET ADDRESS	10817 CLARA LANE
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	ST
NAME	STEINBRUECK, JANICE E.
STREET ADDRESS	1427 N. NASH, #28
CITY - ST - ZIP	ARLINGTON VA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	637 Garland Circle
1.4 CITY - ST - ZIP	Indian Rocks Beach, FL 34635
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	637 Garland Circle
2.4 CITY - ST - ZIP	Indian Rocks Beach, FL 34635
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Kinast* Robert L. Kinast July 31, 1995 813593 3847
Signature typed or printed name of signing officer or director Date (System 1 Year)

CR2E037 (3/95)