

FILE NOW: FILING FEE IS \$61.25

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**May 19 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27245 (0)
1. Corporation Name
THE CENTER FOR THEOLOGICAL REFLECTION, INCORPORATED



Principal Place of Business 637 GARLAND CIRCLE INDIAN ROCKS BEACH FL 34635 US	Mailing Address P O BOX 726 INDIAN ROCKS BEACH FL 33785-0726 US
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3. Date Incorporated or Qualified 12/12/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 33785	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33785
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4. FEI Number 52-1338421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KINAST, ROBERT
637 GARLAND CIRCLE
INDIAN ROCKS BEACH FL 34635**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 33785

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHLOEGEL, JUDITH	
STREET ADDRESS	637 GARLAND CIRCLE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KINAST, ROBERT	
STREET ADDRESS	637 GARLAND CIRCLE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STEINBRUECK, JANICE E.	
STREET ADDRESS	1427 N. NASH, #28	
CITY-ST-ZIP	ARLINGTON VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Kinast **ROBERT KINAST** 4/29/97 813 593 3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052248

CP2E037 (9/96)