

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90102 030 ****61.25

DOCUMENT # P27245

1. Entity Name

THE CENTER FOR THEOLOGICAL REFLECTION, INCORPORA

Principal Place of Business

Mailing Address

637 GARLAND CIRCLE
 INDIAN ROCKS BEACH FL 33785
 US

P O BOX 726
 INDIAN ROCKS BEACH FL 33785-0726
 US

2. Principal Place of Business

3. Mailing Address

3194 Honeysuckle Rd

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

4. FEI Number

52-1338421

Applied For

Not Applicable

Zip

Country

Zip

Country

33770

USA

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

KINAST, ROBERT
 637 GARLAND CIRCLE
 INDIAN ROCKS BEACH FL 33785

Name **ROBERT KINAST**

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

3194 Honeysuckle Rd

City **Largo** FL Zip Code **33770**

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 *Robert Kinast*

ROBERT KINAST

4/30/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **SCHLOEGEL, JUDITH**
 STREET ADDRESS **637 GARLAND CIRCLE**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE Change Addition
 NAME **3194 Honeysuckle Rd**
 STREET ADDRESS **Largo FL 33770**
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **KINAST, ROBERT**
 STREET ADDRESS **637 GARLAND CIRCLE**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE Change Addition
 NAME **3194 Honeysuckle Rd**
 STREET ADDRESS **Largo FL 33770**
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **STEINBRUECK, JANICE E.**
 STREET ADDRESS **5808 S 4TH ST**
 CITY-ST-ZIP **ARLINGTON VA 22204**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
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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:

Robert Kinast **ROBERT KINAST**

4/30/00

727 798 0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)