2001 UNIFORM BUSINESS REPORT (UBR)

May 12, 2001 8:00 am Secretary of State DOCUMENT # P27245 1. Entity Name THE CENTER FOR THEOLOGICAL REFLECTION, INCORPORA 05-12-2001 90013 015 ****61.25 Principal Place of Business Mailing Address 3194 HONEYSUCKLE RD 3194 HONEYSUCKLE RD draj child **LARGO FL 33770** LARGO FL 33770 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1338421 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KINAST, ROBERT 3194 HONEYSUCKLE RD LARGO FL 33770 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITI E PD TITLE ☐ Change Delete NAME SCHLOEGEL, JUDITH NAME STREET ADDRESS STREET ADDRESS 3194 HONEYSUCKLE RD CITY-ST-ZIE CITY-ST-ZIP LARGO FL 33770 ☐ Change Addition ☐ Delete TITLE KINAST, ROBERT NAME NAME STREET ADDRESS 3194 HONEYSUCKLE RD STREET ADDRESS City-ST-ZIP CITY-ST-ZIP LARGO FL 33770 ☐ Delete ☐ Change ☐ Addition TITLE NAME STEINBRUECK, JANICE E. NAME STREET ADDRESS 5808 S 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARLINGTON VA 22204 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NEQURBBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TZAUSI

127 518 7784

4/30/01

Date