

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90307 041 ****61.25

0043977

DOCUMENT # P27245

1. Entity Name

THE CENTER FOR THEOLOGICAL REFLECTION, INCORPORATED

Principal Place of Business

Mailing Address

**3194 HONEYSUCKLE RD
 LARGO FL 33770
 US**

**3194 HONEYSUCKLE RD
 LARGO FL 33770
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1338421

Applied For

Not Applicable

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~~
**3194 HONEYSUCKLE RD
 LARGO FL 33770**

Name

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

City

FL

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.

(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	<input type="checkbox"/> Delete
NAME	SCHLOEGEL, JUDITH	
STREET ADDRESS	3194 HONEYSUCKLE RD	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KINAST, ROBERT	
STREET ADDRESS	3194 HONEYSUCKLE RD	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEINBRUECK, JANICE E.	
STREET ADDRESS	5808 S 4TH ST	
CITY-ST-ZIP	ARLINGTON VA 22204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13 2002 *727 518 7784*
 Date Daytime Phone #

CR2E037 (9/01)