

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1996.
AMOUNT DUE ON OR BEFORE 8/4/95: \$118 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F93000002600 (5)

1. Corporation Name

SPIRITUAL OVERSEERS SERVICE INTERNATIONAL CORPORATION

FILED

1995 AUG -3 AM 9:18

SEC. OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 3147, STUART FL 34995
 Mailing Address: P.O. BOX 3147, STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/04/1993	3a. Date of Last Report 06/06/1994
4. FEI Number 95-3446955	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

**TIMMONS, DAVID R
 3342 S.E. COURT DRIVE
 STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee 4 applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, HENRY E	1.2 NAME	DAVID R. TIMMONS
STREET ADDRESS	625 SUNNERSSET	1.3 STREET ADDRESS	3342 S.E. COURT DRIVE
CITY - ST - ZIP	VACAVILLE CA 95687	1.4 CITY - ST - ZIP	Stuart, FL 34997
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIXEY, LARRY	2.2 NAME	
STREET ADDRESS	2100 ARAJIA	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA 95687	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MARJORIE	3.2 NAME	
STREET ADDRESS	625 SUNNERSSET	3.3 STREET ADDRESS	
CITY - ST - ZIP	VACAVILLE CA 95687	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZ, ROBERT	4.2 NAME	
STREET ADDRESS	7104 ORSLYN	4.3 STREET ADDRESS	
CITY - ST - ZIP	DEERWOOD MD 20855	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, R	5.2 NAME	
STREET ADDRESS	22741 S. CANADA COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	EL TORO CA 92880	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, DIANE	6.2 NAME	
STREET ADDRESS	P.O. BOX 22 N.A.	6.3 STREET ADDRESS	
CITY - ST - ZIP	DIXON CA 95820	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)(h), 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 the 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: _____ DATE: **7/28/95** **407-223-2156**

CR2E037 (3/95)