FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

F95000001440 (5) **DOCUMENT #**

INTERNATIONAL SOCIETY OF DIVINE LOVE (INCORPORAT ED)

Principal Place of Business Mailing Address 400 BARSANA RD. 400 BARSANA RD. AUSTIN TX 78737-9075 **AUSTIN TX 78737** 3a. Date of Last Report 3. Date incorporated or Qualified 08/02/1996 03/24/1995 2a. Mailing Address 4. FEI Number **Applied For** 2. Principal Place of Business 74-2673063 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip This corporation has flability for Intangible tax under s. 199.032, Country Yes X No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Pasula. Mark Street Address (P.O. Box Number is Not Acceptable) 2220 N. 47TH AVE. **B3** HOLLYWOOD FL 33021 84 City 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. (NOTE: Registered Agent algorature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1.1 TITLE TITLE SARASWATI, PRAKASHANAND 1.2 NAME NAME 400 BARSANA RD. 1.3 STREET ADDRESS STREET ADDRESS **AUSTIN TX 78737** 1.4 CITY - ST - ZÍP CITY - ST - ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE VD. DEVI. MEERA 2.2 NAME NAME 400 BARSANA RD. 2.3 STREET ADDRESS STREET ADDRESS **AUSTIN TX 78737** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME DEVI, RAJANA NAME 400 BARSANA RD. STREE! ADDRESS 3.3 STREET ADDRESS AUSTIN TX 78737 City-St-ZiP 3.4. CITY - ST - ZIP Addition DELETE 4.1 TITLE TITLE STD 4. 2 NAME BECKER, DON NAME 4.3 STREET ADDRESS 400 BARSANA RD. STREET ADDRESS AUSTIN TX 78737 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - 7IP

SIGNATURE:

NAME

STREET ADDRESS

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.

FILED

May 16 1997 8:00am

Secretary of State