

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90105 012 ****61.25

DOCUMENT # N96000005488

1. Corporation Name

SPIRITUAL DEVELOPMENT INTERNATIONAL, INC.

Principal Place of Business

931 NORTH SHORE DRIVE
EUSTIS FL 32726-2839
US

Mailing Address

931 NORTH SHORE DRIVE
EUSTIS FL 32726-2839
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/25/1996

4. FEI Number

59-3410065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PINKSTON, ISABEL H REV
931 NORTH SHORE DRIVE
EUSTIS FL 32726-2839

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PINKSTON, ISABEL H
STREET ADDRESS 931 NORTH SHORE DRIVE
CITY-ST-ZIP EUSTIS FL 32726-2819 ☐ DELETE

TITLE VPD
NAME KERSEY, GARY J
STREET ADDRESS 1339 PALO ALTO COURT
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ DELETE

TITLE SD
NAME BARTON, GORGE C
STREET ADDRESS 929 NORTH SHORE DRIVE
CITY-ST-ZIP EUSTIS FL 32726-2819 ☐ DELETE

TITLE TD
NAME WILLIAMS, CLARENCE J
STREET ADDRESS 949 DR BRUCE JACKSON RD
CITY-ST-ZIP NEWNAN GA 30264 ☐ DELETE

TITLE D
NAME RYAN, BARBARA
STREET ADDRESS 600 GREENFELL DR APT 411
CITY-ST-ZIP LONDON, ONT. N5X 2R8, CANADA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME RYAN, BARBARA
5.3 STREET ADDRESS 693 Talbot St., Apt. 306
5.4 CITY-ST-ZIP London, Ont. N6A 2T7 CANADA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Isabel H. Pinkston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99/352-357-3204
Date Daytime Phone #

CR2E037 (11/98)