

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 11, 2004
Secretary of State**

DOCUMENT# N98000003509

Entity Name: SPIRIT SPRINGS YOGA MISSION, INC.

Current Principal Place of Business:

8690 WEST LYKES TRAIL
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

8690 WEST LYKES TRAIL
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 59-3545704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAHW, JANE L
8690 WEST LYKES TRAIL
HOMOSASSA, FL 34448

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAW, JANE L
Address: 8690 W LYKES TRAIL
City-St-Zip: HOMOSASSA, FL 34448

Title: VP/D () Delete
Name: HOLLIS, IRIS
Address: 1920 NW 19TH ST.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TD () Delete
Name: THOMAS, LOLA
Address: % MANGROVE CT. W.
City-St-Zip: HOMOSASSA, FL 34446

Title: SD () Delete
Name: LYONS, MARY
Address: 901 VENTURI AVE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: VAZNELIS, ANTONINA
Address: 7983 CHAUCER DR.
City-St-Zip: SPRING HILL, FL 34607

Title: D () Delete
Name: BARWICK, PATRICIA
Address: 10701 PINE ISLAND DR.
City-St-Zip: SPRING HILL, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE L. SHAW

P/D

03/11/2004

Electronic Signature of Signing Officer or Director

_____ Date