## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 711396**

1. Corporation Name

UNIVERSAL SHRINE OF DIVINE GUIDANCE, INC.

Principal Place of Business								
74 CALETA DRIVE CAMARILLO CA 93012-5106								
US								

2. Principal Place of Business

Mailing Address

74 CALETA DRIVE CAMARILLO CA 93012

2a. Mailing Address

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90100 014 \*\*\*\*61.25



3. Date incorporated or Qualifed

08/26/1966

£1 }		20				4		1		
Suite, Apt.	27					4. FEI Number 59-6177712	$\vdash$	Applied For		
22						39017712	£0.7	Not Applicable		
City & State	City & State			•		5. Certifcate of Status Desired		5 Additional e Required		
Zip	Country	Zip	Co	ountry		6. Election Campaign Financing	\$5.	00 May Be		
24	25	29	30			Trust Fund Contribution	Add	led to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
					1 Name					
CARNEGIE, ROGER DEAN					Street Address (P.O. Box Number is Not Acceptable)					
830 N. ATLANTIC AVE., B505					82 Street Address (P.O. Box Number is Not Acceptable)					
COCOA BEACH FL 32931					83					
				-	<b></b>	<u> </u>	05	Zip Code		
Significant Control of the Control o				84	City	FL 85 Zip Code				
40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -										
office or registered agent, or both in the State of Florida, Such change was authorized by the corporation's goald 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		13		. organization and a second	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12		
TITLE	PD ST TOERS AND	DELETE					Cha			
NAME				NAME						
	TA CALETA DODE				ADDRESS			[		
STREET ADDRESS	CAMARILLO CA			CITY-S1				1		
CITY-ST-ZIP	VSD				-217		Cha	nge Addition		
TITLE	·	_ Dec.,2					_	_		
NAME	74 OALETA DONE			NAME	ADDOCCC			]		
STREET ADDRESS	5 . 1 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				ADDRESS			1		
CITY-ST-ZIP	T OF ETC.			TITLE	T-ZIP		Cha	nge Addition		
TITLE	4-P 1 1 1 1				·   •					
NAME	NO WILLIAM DEMONIA			NAME				ļ		
STREET ADDRESS	6 BOURNAZOU ST				ADDRESS					
CITY-ST-ZIP	ATHENS GR			CITY-S	T-ZIP		∏ Cha	ange Addition		
TIFLE	_			TITLE			ي د د			
NAME	BENNETT, DEMETRA H KARRAS			2 NAME	ļ.					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	WEST HILLS CA	· · · · · · · · · · · · · · · · · · ·			T-ZIP		Cha	inge Addition		
TITLE	D			TITLE				inge 🗀 Addition		
NAME	KARRAS, CONSTANTINOS G A.			NAME						
STREET ADDRESS	2700 HILOLA ST.				ADDRESS					
CITY-ST-ZIP	INDIAN I C			CITY-ST			TO Ch	ange Addition		
TITLE	D	☐ DELETE		TITLE	I		Cha	.inge Ej Adolaon . 		
NAME	KARRAS, THOMAS A			NAME		KARRAS, THOMAS A.				
STREET ADDRESS	2105 SARATOGA PL.		•			637 PALM CIRCLE WEST				
CITY-ST-ZIP	DAVIS CA		-	CITY-S		NAPLES FL 34102				
14 I hereby	pertify that the information supplied with	this filing does not qualify for	r the ex	xemoti	on stated in	Section 119.07(3)(i), Florida Statutes. I further	certity that	the information		

Incrept, certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informationation 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.

MARK ATHANASIOS C. KARRAS

APRIL 5, 1999 (805) 388–3117

SIGNATURE