

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722303 (5)
1. Corporation Name
THE INSTITUTE OF SPIRITUAL INTEGRAL SCIENCES, INC.



Principal Place of Business
11311 NE EIGHTH COURT
BISCAYNE PARK FL 33161

Mailing Address
11311 NE EIGHTH COURT
BISCAYNE PARK FL 33161

3. Date Incorporated or Qualified 02/20/1971
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BALDWIN, HELANE (REV)
11311 NE 8TH COURT
BISCAYNE PARK FL 33161

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BALDWIN, HELANE PHD RN 11311 NE 8TH COURT BISCAYNE PARK FL 33161	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD REPETTO, PATRICIA 9225 COLLINS AVE. MIAMI BEACH FL 33154	2.1 TITLE	VD
NAME		2.2 NAME	CHALFORD, GINGER PhD
STREET ADDRESS		2.3 STREET ADDRESS	6220 Almond Terrace
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Plantation, Fl. 33317
TITLE	D RODRIGUEZ, ROSELEN PH.D. 717 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134	3.1 TITLE	D
NAME		3.2 NAME	Metraux, Francois
STREET ADDRESS		3.3 STREET ADDRESS	6220 Almond Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Plantation, Fl. 33317
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Pear, Meir, B.Sc.
STREET ADDRESS		4.3 STREET ADDRESS	PO Box 130123
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sunrise, Fl. 33313
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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.

HELANE BALDWIN, R.N., PH.D.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helane Baldwin, R.N., Ph.D. 4/10/96 (305) 899-9272

CR2E037 (12/95)