FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

Secretary of State **1998** 722303 POCUMENT # (5)THE INSTITUTE OF SPIRITUAL INTEGRAL SCIENCES. IN C. Principal Place of Business Mailing Address 11311 NE EIGHTH COURT 11311 NE EIGHTH COURT 3. Date Incorporated or Qualified BISCAYNE PARK FL 33161 **BISCAYNE PARK FL 33161** 02/20/1971 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes 📈 No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BALDWIN, HELANE (REV) 82 Street Address (P.O. Box Number is Not Acceptable) 11311 NE 8TH COURT 83 **BISCAYNE PARK FL 33161** City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PD Change Addition 1 1 TITLE **BALOWIN, HELANE PHD RN** NAME 1.2 NAME **11311 NE 8TH COURT** STREET ADDRESS 1.3 STREET ADDRESS **BISCAYNE PARK FL 33161** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME CHALFORD, GINGER PHD 2.2 NAME **6220 ALMOND TERRACE** STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE Change 3.1 TITLE NAME METRAUX, FRANCOIS 3.2 NAME STREET ADDRESS **6220 ALMOND TERRACE** 3.3 STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME PEAR, MEIR B 4 2 NAME PO BOX 130123 NA STREET ADDRESS 4.3 STREET ADDRESS **SUNRISE FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Channe Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition

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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: KEAR

NAME

STREET ADDRESS

CITY-ST-ZIF

FILED

May 19 1998 8:00am