## **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** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90014 021 \*\*\*\*61.25

## **DOCUMENT # 738468**

1. Corporation Name

THE CHURCH OF THE MOVEMENT OF SPIRITUAL INNER AW ARENESS OF FLORIDA, INC.

Principal	Place	of	Business
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Mailing Address

5605 N. BAYSHORE DR. MIAMI FL 33137

5605 N. BAYSHORE DR. MIAMI FL 33137

·					
2. Principal Place of Business	2a. Mailing Address			Date Incorporated or Qualifed	· · ·
21	26		04/05/1977		
Suite, Apt. #, etc. Suite, Apt. #, etc.			•	4. FEI Number	Applied For
22	27	<u> Erro</u> n		59-1779223	Not Applicable
City & State City & State		5. Certifcate of Status Desired	\$8.75 Additional		
23	28	28		o. Certificate of Calification Desired	Fee Required
Zip Country	Zip	Coun	try	6. Election Campaign Financing	<b>\$5.00</b> May Be
25	29	30		Trust Fund Contribution	Added to Fees
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent
•		.	B1 Name		•
SAGE, DEAN		la la	82 Street Add	ress (P.O. Box Number is Not Acceptable)	<del> </del>
5960 SW 45TH ST.					
MIAMI FL 33155			33		. *
		},	B4 City		85 Zip Code
				· ·	*L   <u> </u>
<ol> <li>Pursuant to the provisions of Sections 617.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig</li> </ol>	e of Florida. Such change was at	uthonzed	by the corporation	oration submits this statement for the purposion's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	: Registered A	gent signature require	d when reinstating) DATE	-
	ND DIRECTORS .	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE SD	☐ DELETE	1.1 TITL	E		Change Addition
NAME PENZER, MARK		1.2 NAM	Æ	٠.	
STREET ADDRESS 7023 LOCH ISLE DR., SO		1.3 STR	EET ADDRESS		
CITY-ST-ZIP MIAMI LAKES FL		1.4 CIT	/-ST-ZIP		
TITLE PD	☐ DELETE	2.1 ΠΠ	E		☐ Change ☐ Addition
NAME TABIN, RON	•	2.2 NA)	KE .	•	•
STREET ADDRESS 17833 NW 15TH ST		2.3 STR	EET ADDRESS		
CITY-ST-ZIP PEMBROKE-PINES FL =	ر مستر من من من ا		Y ST ZIP	والمتجامية والدارا والمستدامين الصحار ومحاويته	-
TITLE TD .	☐ DELETE	3.1 TITL			☐ Change ☐ Addition
NAME WALSH, RICH		3.2 NAN	1E		
STREET ADDRESS 5605 NORTH BAYSHORE DR		3.3 STR	EET ADDRESS		

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 suppliemental 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS 5605 NORTH BAYSHORE DR

MIAMI FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

DELETE

DELETE

DELETE

Addition

Addition

☐ Addition

Change

Change