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FILED  
Jul 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 844510 (8)

1. Corporation Name

SPIRITUAL ADVISORY COUNCIL, INCORPORATED

Principal Place of Business

Mailing Address

14345 SE 103RD TERR.  
SUMMERFIELD FL 34491

14345 SE 103RD TERR.  
SUMMERFIELD FL 34491-3724



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

2042 NW 32nd PL.

N/A

GAINESVILLE, FL.

32605

Alachua

3. Date Incorporated or Qualified

11/01/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

51-0181284

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, PAUL V  
14315 SE 103RD TERR.  
SUMMERFIELD FL 34491

81 Name

JULIE E. JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)

2042 NW 32nd PL.

83

84 City

Gainesville

FL

85 Zip Code

32605

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 Julie E. Johnson VD

(NOTE: Registered Agent signature required when reinstating)

5/1/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME ERICSSON, LILA J  
STREET ADDRESS 6822 KNOX  
CITY-ST-ZIP LINCOLNWOOD, ILL 00000

1.1 TITLE VD  
1.2 NAME JOHNSON, JEFFREY R.  
1.3 STREET ADDRESS 7 TWIN OAKS DR.  
1.4 CITY-ST-ZIP LAWRENCEVILLE, NJ 08648

TITLE PTD  
NAME JOHNSON, PAUL V  
STREET ADDRESS 14315 SE 103RD TERR.  
CITY-ST-ZIP SUMMERFIELD FL

2.1 TITLE VD  
2.2 NAME JULIE E. JOHNSON  
2.3 STREET ADDRESS 2042 NW 32nd PL.  
2.4 CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE VD  
NAME JOHNSON, JULIE E.  
STREET ADDRESS ROUTE 2, BOX 2629  
CITY-ST-ZIP MELROSE FL

3.1 TITLE SD  
3.2 NAME ERICSSON, LILA J  
3.3 STREET ADDRESS 6822 KNOX AVE.  
3.4 CITY-ST-ZIP LINCOLNWOOD, ILL. 60646

TITLE D  
NAME JOHNSON, MARIKAY  
STREET ADDRESS 14315 SE 103RD TERR  
CITY-ST-ZIP SUMMERFIELD FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)