

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844510 (8)
1. Corporation Name
SPIRITUAL ADVISORY COUNCIL, INCORPORATED

Principal Place of Business Mailing Address
14345 SE 103RD TERR. 2042 NW 32ND PL
SUMMERFIELD FL 34491 GAINESVILLE FL 32605
US

3. Date Incorporated or Qualified
11/01/1979
4. FEI Number
51-0181284
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 30

9. Name and Address of Current Registered Agent
JOHNSON, JULIE E
2042 NW 32ND PL
GAINESVILLE FL 32605
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

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 (VO) 4/20/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE SD
NAME ERICSSON, LILA J
STREET ADDRESS 6822 KNOX
CITY-ST-ZIP LINCOLNWOOD, ILL 00000
TITLE VD
NAME JOHNSON, JULIE E
STREET ADDRESS 2042 NW 32ND PL
CITY-ST-ZIP GAINESVILLE FL
TITLE VD
NAME JOHNSON, JULIE E
STREET ADDRESS ROUTE 2, BOX 2629
CITY-ST-ZIP MELROSE FL
TITLE SD
NAME ERICSSON, LILA J
STREET ADDRESS 6822 KNOX AVE
CITY-ST-ZIP LINCOLNWOOD IL
TITLE VD
NAME JOHNSON, JEFFREY P
STREET ADDRESS 7 TWIN OAKS DR
CITY-ST-ZIP LAWRENCEVILLE NJ
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
100002593081
-07/20/98--01074--003
FEE \$61.25

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

SPIRITUAL ADVISORY COUNCIL, INC.
GENERAL ACCOUNT
PH 352-377-6071
2042 NW 32ND PL.
GAINESVILLE, FL 32605
DATE 4/20/98 0928
63-1005/631
BRANCH 97419
PAY TO THE ORDER OF Department of State \$ 61.25
Sixty-one and 25/100 DOLLARS
SouthTrust Bank
Belleview, FL
FOR Document #844510 julie E. Johnson
⑆063110050⑆ 68 820 911⑈ 0928

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.

SIGNATURE: Julie E. Johnson (352) 377-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # 0010958