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May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90088 001 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 844510

1. Corporation Name

SPIRITUAL ADVISORY COUNCIL, INCORPORATED

Principal Place of Business

14345 SE 103RD TERR.  
SUMMERFIELD FL 34491

Mailing Address

2042 NW 32ND PL  
GAINESVILLE FL 32605  
US

530183 - 90088 - 1



2. Principal Place of Business

21 115 Cygnet Lane

Suite, Apt. #, etc.

23 Melrose, FL.

24 32666 25 USA

2a. Mailing Address

26 115 Cygnet Lane

Suite, Apt. #, etc.

28 Melrose, FL.

29 32666 30 USA

3. Date Incorporated or Qualified

11/01/1979

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

9. Name and Address of Current Registered Agent

JOHNSON, JULIE E  
2042 NW 32ND PL  
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name JOHNSON, JULIE E.

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

83

84 City MELROSE

FL

85 Zip Code 32666

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

5/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

TITLE VD  
NAME JOHNSON, JULIE E  
STREET ADDRESS 2042 NW 32ND PL  
CITY-ST-ZIP GAINESVILLE FL

DELETE

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

DELETE

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

DELETE

TITLE VD  
NAME JOHNSON, JEFFREY P  
STREET ADDRESS 7 TWIN OAKS DR  
CITY-ST-ZIP LAWRENCEVILLE NJ

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

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

Change Addition

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

Change Addition

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

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, with all other like empowered.

SIGNATURE: Julie E. Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

(352) 475-5240

Daytime Phone #

CR2E037 (11/98)