


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000000410</b>		
1. Entity Name <b>INSTITUTE FOR SPIRITUAL DEVELOPMENT, INCORPORATED</b>		
Principal Place of Business <b>5611 NE 16TH AVE FT. LAUDERDALE, FL 33334</b>	Mailing Address <b>5611 NE 16TH AVE FT. LAUDERDALE, FL 33334</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DEBIASIO, JAMES REV 5611 NE 16TH AVE FT. LAUDERDALE, FL 33334</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DEBIASIO, JAMES REV 5611 NE 16TH AVE FT. LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD CAPONE, MARCUS REV. 5600 CROMWELL DR. BETHESDA, MD 20816	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIACHENKO, MELODY REV 3572 MILITARY ROAD ARLINGTON, VA 22207	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>James DeBiasio</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>22-2391273</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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U00000005836  
01/16/04-80006-008 61.25

Jan 16 2004 954-294-3533  
Date Daytime Phone #