

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001440

FILED
Apr 19, 2007
Secretary of State

Entity Name: INTERNATIONAL SOCIETY OF DIVINE LOVE (INCORPORATED)

Current Principal Place of Business:

400 BARSANA RD.
AUSTIN, TX 78737

New Principal Place of Business:

Current Mailing Address:

400 BARSANA RD.
AUSTIN, TX 78737

New Mailing Address:

FEI Number: 74-2673063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASULA, MARK
2220 N. 47TH AVE.
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PMD () Delete
Name: DEVI, PRABHAKARI
Address: 400 BARSANA RD.
City-St-Zip: AUSTIN, TX 78737

Title: D () Delete
Name: SARASWATI, PRAKASHANAND
Address: 400 BARSANA RD.
City-St-Zip: AUSTIN, TX 78737

Title: STD () Delete
Name: SPIEGEL, PETER
Address: 107 BARSANA AVE
City-St-Zip: AUSTIN, TX 78737

Title: D () Delete
Name: WILLIAMS, KATHLEEN
Address: 107 BARSANA AVE
City-St-Zip: AUSTIN, TX 78737

Title: VMD () Delete
Name: DIWAKARI, DEVI
Address: 400 BARSANA RD.
City-St-Zip: AUSTIN, TX 78737

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN WILLIAMS

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date