

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**

98 JUN -5 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F96000001398 (4)**

1. Corporation Name  
**THE INSTITUTE FOR SPIRITUAL ENLIGHTENMENT INCORPORATED**

Principal Place of Business Mailing Address  
**18 ST. AUGUSTINE BLVD., UNIT 9 ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified  
**03/19/1998**

4. FEI Number Applied For  
**APPLIED FOR 59-3369381**

2. Principal Place of Business 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

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

9. Name and Address of Current Registered Agent  
**DEWITT, FRANCES  
18 ST. AUGUSTINE BLVD., UNIT 9  
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CDP	<input type="checkbox"/>
NAME	DEWITT, FRANCES	
STREET ADDRESS	18 ST. AUGUSTINE BLVD., UNIT 9	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/>
NAME	BURNETT, ROBERT D	
STREET ADDRESS	924 HANOVER STREET	
CITY-ST-ZIP	GASTONIA NC 28054	
TITLE	D	<input type="checkbox"/>
NAME	HLENFELT, KENNETH L	
STREET ADDRESS	N. OCEANSHORE BLVD.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	30000255513	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	-05/10/98--01082--001		
1.3 STREET ADDRESS	*****61.25		
1.4 CITY-ST-ZIP	*****61.25		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Frances B. Dewitt* Director 904-824-8043  
April 21, 1998

CR2E037 (1/97)