

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J37447 (6)

1. Corporation Name

THE POWER WITHIN INSTITUTE, INC.



Principal Place of Business

2743 JANET ST. NW
MATLACHA FL 33909
US

Mailing Address

2743 JANET ST. NW
MATLACHA FL 33909
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/10/1986

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2737529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERGUSON, JOAN M.
2743 JANET ST.
MATLACHA FL 33909

JOAN MARGARET MAKI
(SAME)
(SAME)

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or authorized officer

Signature typed or printed name of registered agent or authorized officer

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FERGUSON, DONALD C.
STREET ADDRESS 2743 JANET ST NW
CITY-ST-ZIP MATLACHA FL ☐ DELETE

TITLE VD
NAME FERGUSON, JOAN M.
STREET ADDRESS 2743 JANET ST NW
CITY-ST-ZIP MATLACHA FL ☐ DELETE

TITLE D
NAME LO MONACO, KATHERINE
STREET ADDRESS 2743 JANET STREET NW
CITY-ST-ZIP MATLACHA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE (SAME)
2. NAME JOAN MARGARET MAKI ☒ Change ☐ Addition
2. STREET ADDRESS (SAME)
2. CITY-ST-ZIP (SAME)

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOAN MAKI

JOAN MAKI

4-27-96

941-283-3852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE

CR2E034 (12/95)