

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001669

Entity Name: SPIRITUAL REALIZATION SOCIETY, INC.

FILED
Jan 18, 2004
Secretary of State

Current Principal Place of Business:

9TH STREET NORTH
ST PETERBURG, FL 33742

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22429
ST PETERSBURG, FL 33472

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAKKI, SAM
700 FIRST STREET NORTH, UNIT 0
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

HAKKI, SAM
5200 SPRINGWOOD BLVD
PINELLAS PARK, FL 33782 US

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:

01/18/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KHAFFAF, ED
Address: P.O. BOX 22429
City-St-Zip: ST PETERSBURG, FL 33742

Title: VD () Delete
Name: KUBBA, HAJJI
Address: P.O. BOX 76494
City-St-Zip: ST PETERSBURG, FL 33734

Title: S () Delete
Name: HAYDON, DALE
Address: P.O. BOX 22429
City-St-Zip: ST PETERSBURG, FL 33742

Title: T () Delete
Name: HAKKI, SAM MD
Address: 9TH STREET NORTH, BOX 22429
City-St-Zip: ST PETERSBURG, FL 33742

Title: AS () Delete
Name: FREDERICK, PAT
Address: P.O. BOX 22429
City-St-Zip: ST PETERSBURG, FL 33742

Title: AT () Delete
Name: NAJDA, MIKE
Address: P.O. BOX 22429
City-St-Zip: ST PETERSBURG, FL 33742

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: T (X) Change () Addition
Name: HAKKI, SAM T
Address: 9TH STREET NORTH, BOX 22429
City-St-Zip: ST PETERSBURG, FL 33742

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 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 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: SAM HAKKI

T

01/18/2004

Electronic Signature of Signing Officer or Director

Date