

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008594

FILED
Apr 26, 2006
Secretary of State

Entity Name: SATVATOVE INSTITUTE, INC.

Current Principal Place of Business:

12320 NW 147TH LANE
ALACHUA, FL 326154959 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1694
ALACHUA, FL 326161694 US

New Mailing Address:

FEI Number: 20-0240031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASHEEN, MARIE
12320 NW 147TH LANE
ALACHUA, FL 326154959 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: P () Delete
Name: WOLF, DAVID B
Address: 17303 NW 112TH BLVD
City-St-Zip: ALACHUA, FL 326154537 US

Title: T () Delete
Name: GLASHEEN, MARIE
Address: 12320 NW 147TH LANE
City-St-Zip: ALACHUA, FL 326154959 US

Title: S () Delete
Name: SYER, SERENE
Address: 20109 NW 113TH WAY
City-St-Zip: ALACHUA, FL 326153954 US

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:

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: GLASHEEN MARIE

T

04/26/2006

Electronic Signature of Signing Officer or Director

Date