

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008594

FILED  
May 14, 2009  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GLASHEEN, MARIE  
12320 NW 147TH LANE  
ALACHUA, FL 326154959 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: \_\_\_\_\_

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: MOLNER, KIM E  
Address: 1804 SW 131 STREET  
City-St-Zip: NEWBERRY, FL 32669 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 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: MARIE GLASEHEEN

T

05/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date