

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008594

FILED  
Mar 24, 2012  
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  
Name: WOLF, DAVID B  
Address: 17303 NW 112TH BLVD  
City-St-Zip: ALACHUA, FL 326154537 US

Title: T  
Name: SANDLIN, CYNTHIA G  
Address: 233 SW MONTEGO AVE  
City-St-Zip: LAKE CITY, FL 32024 US

Title: S  
Name: MOLNER, KIM E  
Address: 1804 SW 131 STREET  
City-St-Zip: NEWBERRY, FL 32669 US

Title: D  
Name: GLASHEEN, MARIE H  
Address: 12320 NW 147 LANE  
City-St-Zip: ALACHUA, FL 32615 US

Title: D  
Name: NAGY, LACEY  
Address: 246 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615 US

I hereby 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 all other like empowered.

SIGNATURE: MARIE GLASHEEN

D

03/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date