

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90107 003 ****70.00

DOCUMENT # N04000010075 1. Entity Name AWAKENING VIA GNOSIS, INC.			
Principal Place of Business 8843 93RD STREET NORTH LARGO, FL 33777		Mailing Address 8843 93RD STREET NORTH LARGO, FL 33777	
2. Principal Place of Business 7401 Central Ave Suite, Apt. #, etc. City & State St. Petersburg, FL Zip 33710 Country Pinellas		3. Mailing Address 6321-113th St Suite, Apt. #, etc. 510 City & State Seminole, FL Zip 33772 Country Pinellas	
4. FEI Number 59-3787446		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MAUER, JUDITH E 8843 93RD STREET NORTH LARGO, FL 33777	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUER, JUDITH E <input type="checkbox"/> Delete 8843 93RD STREET NORTH LARGO, FL 33777		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLITAIRE, TERESA K <input type="checkbox"/> Delete 13300 WALSINGHAM RD LARGO, FL 33774		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, CARLOS <input type="checkbox"/> Delete 16057 TAMPA PALMS BLVD. W., #135 TAMPA, FL 33647		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>J. Solitaire</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-21-05 727-420-9941 <small>Date Daytime Phone #</small>	

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