

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90315 020 ****70.00

DOCUMENT # N05000004677

1. Entity Name
SPIRITUAL ENTERPRISE INSTITUTE, INC.



Principal Place of Business
~~500 S. US HWY #603~~
~~JUPITER, FL 33477~~

Mailing Address
~~500 S. US HWY #603~~
~~JUPITER, FL 33477~~

2. Principal Place of Business

11300 US Hwy 1 #400
Suite, Apt. #, etc.

3. Mailing Address

11300 US Hwy 1 #400
Suite, Apt. #, etc.

40041005



04052006 Chg-NP CR2E037 (11/05)

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

4. FEI Number

20-2813143

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33408

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name **Theodore R. Malloch**

Street Address (P.O. Box Number is Not Acceptable)

190 Bears Club Ave

City

Jupiter

FL

Zip Code

33477

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

Theodore R. Malloch **Theodore R. Malloch, Chm.**

4/1/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MALLOCH, THEODORE R**
STREET ADDRESS **500 S. US HWY #603**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☒ Delete
NAME **WENZEN, F. SKIP**
STREET ADDRESS **500 S. US HWY #603**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☐ Delete
NAME **MUHURIN, RONALD**
STREET ADDRESS **500 S. US HWY #603**
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☐ Delete
NAME **TOM DONNELLY**
STREET ADDRESS **TJH 1615 L St, NW**
CITY-ST-ZIP **WASHINGTON DC 20036**

TITLE **D** ☐ Delete
NAME **Alfred Regnery**
STREET ADDRESS **7611 N. Kent St. #901**
CITY-ST-ZIP **Alexandria, VA 22209**

TITLE **D** ☐ Delete
NAME **Jody Hassel-Sanchez**
STREET ADDRESS **615 Beverly Dr.**
CITY-ST-ZIP **Alexandria, VA 22305**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Douglas Johnston**
STREET ADDRESS **250 Reynolds St. # 700**
CITY-ST-ZIP **Alexandria, VA 20304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Theodore R. Malloch **Theodore R. Malloch, Chm.**

4/1/06

561 214-8424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #