

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004677

FILED
Jan 16, 2009
Secretary of State

Entity Name: SPIRITUAL ENTERPRISE INSTITUTE, INC.

Current Principal Place of Business:

190 BEARS CLUB DR
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

190 BEARS CLUB DR
JUPITER, FL 33477

New Mailing Address:

FEI Number: 20-2813143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLOCH, THEODORE R
190 BEARS CLUB DR
JUPITER, FL 33477 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: D () Delete
Name: MALLOCH, THEODORE R
Address: 500 S, US HWY #603
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: JOHNSTON, DOUGLAS
Address: 250 REYNOLDS ST, # 700
City-St-Zip: ALEXANDRIA, VA 20304

Title: D () Delete
Name: MUHURIN, RONALD
Address: 321 5TH ST, NE
City-St-Zip: WASHINGTON, DC 20002

Title: D () Delete
Name: DONWELLEY, TOM
Address: TJG 1615 L ST, NW
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: REGNERY, ALFRED
Address: 7611 N KENT ST, # 901
City-St-Zip: ALEXANDRIA, VA 22209

Title: D () Delete
Name: HASSET-SANCHEZ, JODY
Address: 615 BEVERLY DR
City-St-Zip: ALEXANDRIA, VA 22305

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:

Title: () Change () Addition
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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: THEODORE R MALLOCH

DR

01/16/2009

Electronic Signature of Signing Officer or Director

Date