

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009932

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** INSTITUTE FOR APPLIED SPIRITUAL TECHNOLOGY INC

**Current Principal Place of Business:**

7117 SW ARCHER RD.  
2102  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

7117 SW ARCHER RD.  
2102  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 22-3971242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WASHINGTON, EDWARD  
7117 SW ARCHER RD  
2102  
GAINESVILLE, FL 32608 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 ( ) Delete  
Name: WASHINGTON, EDWARD  
Address: 7117 SW ARCHER RD # 2102  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP ( ) Delete  
Name: CANNON, ROBIN  
Address: 7117 SW ARCHER RD. # 2102  
City-St-Zip: GAINESVILLE, FL 32608

Title: SECY ( ) Delete  
Name: CARTER, CONSTANCE  
Address: 3821 ENVIRON BLVD. # 405  
City-St-Zip: LAUDERHILL, FL 33319

**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: EDWARD WASHINGTON

P

04/30/2008

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

\_\_\_\_\_  
Date