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\$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21378**

1. Corporation Name:

THEOSOPHICAL RESEARCH STUDY CENTER, INC

Principal Place of Business

Mailing Address

**296 SW 113th. Ave.
Miami, FL 33174-1137**

**296 SW 113th. Ave.
Miami, FL 33174-1137**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HAYDEE GARCIA
296 S.W. 113th. Ave.
Miami, FL 33174-1137**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or principal officer or registered agent for this corporation

(Note: If you are Agent, you must sign and print name below)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [] DELETE

NAME **CRUZ, MARIA ENIR**

STREET ADDRESS **6722 S.W. 21st. St.,**

CITY-STATE-ZIP **Miami, FL 33155**

TITLE **SVD** [] DELETE

NAME **GARCIA, HAYDEE**

STREET ADDRESS **296 S.W. 113th. Ave.,**

CITY-STATE-ZIP **Miami, FL 33174-1137**

TITLE **D** [] DELETE

NAME **ERICE, AMOR ESTHER**

STREET ADDRESS **820 N.W. 35th. CT.**

CITY-STATE-ZIP **Miami, FL**

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

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TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

14. TITLE

15. NAME

16. STREET ADDRESS

17. CITY-STATE-ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY-STATE-ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY-STATE-ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY-STATE-ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY-STATE-ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. CITY-STATE-ZIP

38. TITLE

39. NAME

40. STREET ADDRESS

41. CITY-STATE-ZIP

SIGNATURE:

Haydee Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 205-559-0517
DATE FILING FEE

CR2E034 (11/98)