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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005455 (9)

1. Corporation Name

THE SEMA INSTITUTE OF YOGA, RELIGIOUS AND TRANSP ERSONAL PSYCHOLOGY STUDIES, INC.

Principal Place of Business	Mailing Address
PO BOX 570459 MIAMI FL 33257	PO BOX 570459 MIAMI FL 33257-0459

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report: 09/12/1996

2. Principal Place of Business
21: 10260 SW 160 Terr
Suite, Apt. #, etc.
22: Miami FL
City & State
23:
24: Zip 33157 25: Country U.S.A.

2a. Mailing Address
26: P.O. Box 570459
Suite, Apt. #, etc.
27:
City & State
28: Miami, FL
29: Zip 33257 30: Country U.S.A.

4. FEI Number: APPLIED FOR 65-0696697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ASHBY, REGINALD
10260 SW.160 TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: Reginald Ashby
82 Street Address (P.O. Box Number is Not Acceptable): 10260 SW 160 Terr
83: Miami FL
84 City: Miami **FL** 85 Zip Code: 33157

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASHBY, RIGINALD		1.2 NAME	
STREET ADDRESS	10260 S.W. 160 TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ASHBY, KAREN		2.2 NAME	
STREET ADDRESS	10260 S.W. 160 TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARNER, ASHBY		3.2 NAME	
STREET ADDRESS	10260 S.W. 160 TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/25/97 305