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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

538862 - 90261 - 30

DOCUMENT # N95000005455

1. Corporation Name

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

Principal Place of Business	Mailing Address
10260 SW 160 TERR MIAMI FL 33157 US	PO BOX 570459 MIAMI FL 33257 US

2. Principal Place of Business 21 10260 SW 160 Terr 22 Suite, Apt. #, etc. 23 City & State: Miami, FL 24 Zip: 33157 25 Country: US	2a. Mailing Address 26 P.O. Box 570459 27 Suite, Apt. #, etc. 28 City & State: Miami, FL 29 Zip: 33257 30 Country: U.S.	3. Date Incorporated or Qualifed: 11/15/1995 4. FEI Number: 65-0696697 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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)
83
84 City: FL 85 Zip Code

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: 5/1/99
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/1/99 3053786253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #