


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000348 (0)**

1. Corporation Name

"PAULO DE TARSO", SPIRITIST STUDIES SOCIETY, INC

Principal Place of Business

Mailing Address

1423 SE 2ND AVENUE
DEERFIELD BEACH FL 33441

1423 SE 2ND AVENUE
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 167 N.E. 2ND AVE.

26 167 N.E. 2ND AVE.

4. FEI Number

65-0758803

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLAWAY, MARIA ELIZA
1423 SE 2ND AVENUE
DEERFIELD BEACH FL 33441

81. Name

ALAN R. MALHADA

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

151 S.E. 6 AVE #9

83.

84. City

ROMANO BEACH

FL

85. Zip Code

33460

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: ☒ D ENY SEIDEL (DIRECTOR) ☒ DELETE

NAME
1423 SE 2ND AVE.

STREET ADDRESS
DEERFIELD BEACH FL 33441

TITLE: ☒ D REGISTERED AGENT ☒ DELETE

NAME
CALLAWAY, MARIA ELIZA

STREET ADDRESS
1423 SE 2ND AVE
DEERFIELD BEACH FL 33441

TITLE: ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE: ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE: ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE: ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE: ☒ D

DIRECTOR

☒ Change ☐ Addition

1.2 NAME

DYONAR SEIDEL

1.3 STREET ADDRESS

167 N.E. 2ND AVE.

1.4 CITY-ST-ZIP

DEERFIELD BEACH FL 33444

2.1 TITLE: ☒ T

SECRETARY

☐ Change ☒ Addition

2.2 NAME

EDNA M. FERNANDES

2.3 STREET ADDRESS

5235 GALINA CIR.

2.4 CITY-ST-ZIP

LAKE WORTH FL 33463

3.1 TITLE: ☒ T

TRUSTEE

☐ Change ☒ Addition

3.2 NAME

MARIO J. BATISTA

3.3 STREET ADDRESS

5235 GALINA CIR.

3.4 CITY-ST-ZIP

LAKE WORTH FL 33463

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

08/03/97

(ECI) 966-1177

CR2E037 (4/97)