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Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

167 NE 2ND AVE  
DELRAY BCH FL 33444  
US

167 NE 2ND AVE  
DELRAY BCH FL 33444  
US

2. Principal Place of Business

2a. Mailing Address

21 167 NE 2ND AVE

26 167 NE 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DELRAY BEACH

28 DELRAY BEACH

24 Zip 33414

25 Country USA

29 Zip 33414

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACHADO, ALAN R  
151 SE 6TH AVE  
#G  
POMPAHO BCH FL 33060

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 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

*Alan R. Machado*  
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  
NAME SEIDEL, DINOMAR  
STREET ADDRESS 167 NE 2ND AVE  
CITY-ST-ZIP DELRAY BCH FL

TITLE TS  
NAME FERNANDES, EDNA M  
STREET ADDRESS 5235 GALINA CIR  
CITY-ST-ZIP LAKE NORTH FL

TITLE T  
NAME BATISTA, MARIO J  
STREET ADDRESS 5235 GALINA CIR  
CITY-ST-ZIP LAKE WORTH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

**SIGNATURE REQUIRED**

01/07/97

(561) 966 4172

CR2E037 (10/97)