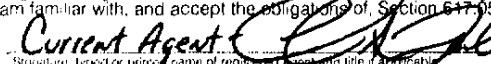
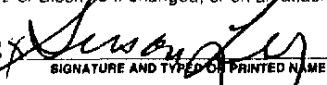


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 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 # N 9600000 2046 1. Corporation Name CHURCH OF SPIRITUAL AWAKENING			
Principal Place of Business 3220 S.W. 50 TERR. FT. LAUD. FL. 33314		Mailing Address SAME.	
2. Principal Place of Business 21 3220 S.W. 50 TERR. Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.	
22 City & State 23 FT. LAUD. FL.		27 City & State 28	
24 33314 Zip 25 FLORIDA Country		29 Zip 30 Country	
9. Name and Address of Current Registered Agent Law Office of Chris Narducci 1975 E. Sunrise Blvd., 821 Ft. Lauderdale, FL. 33304		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 617.0508, Florida Statutes.			
SIGNATURE Current Agent  (Signature, typed or printed name of registered agent and title if applicable)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT "D" ☐ DELETE NAME SHOSHANA STREET ADDRESS 3220 S.W. 50 TERR. CITY-ST-ZIP FT. LAUD. FL. 33314		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE SECRETARY "D" ☐ DELETE NAME JOSEPH LEVY STREET ADDRESS 3220 S.W. 50 TERR. CITY-ST-ZIP FT. LAUD. FL. 33314		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SECRETARY "TREASURER" "D" ☐ DELETE NAME ROBERT GOMEZ STREET ADDRESS 3220 S.W. 50 TERR. CITY-ST-ZIP FT. LAUD. FL. 33314		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS 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:  SUSAN LEVY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT officer			
Date 3/22/97 Daytime Phone # 754-291-3045			

CR2E037 (9/96)