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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 # N96000002046

1. Corporation Name
CHURCH OF SPIRITUAL AWAKENING

Principal Place of Business	Mailing Address
3220 S.W 50TERR. FT. LAUD. FL. 33314	SAME.

3. Date Incorporated or Qualified: JAN 1996
3a. Date of Last Report:
4. FEI Number: X — Applied For ☐ Not Applicable ☒

2. Principal Place of Business	2a. Mailing Address
21 3220 S.W. 50 TERR.	26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. LAUD. FL.	City & State 28
Zip 24 33314 Country 25 BROWARD.	Zip 29 Country 30

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	10. Name and Address of New Registered Agent
Law Office of Chris Nardpcci 1975 E. Sunrise blvd, 821 Ftlaud, FL. 33304	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: Current Agent — Signature, type or print 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	PRESIDENT "D"	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHOSHANA		1.2 NAME	
STREET ADDRESS	3220 S.W. 50 TERR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD. FL. 33314		1.4 CITY-ST-ZIP	
TITLE	Joseph Levy "SECRATORY" "D"	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS	3220 S.W. 50 TERR		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL. 33314		2.4 CITY-ST-ZIP	
TITLE	Robert Gomez "TREASURER" "D"	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS	3220 S.W. 50 TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD. FL. 33314		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	

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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 — 3/27/97 — 954-791-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT officer