

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N96000002046 (8)**

1. Corporation Name

**THE CHURCH OF SPIRITUAL AWAKENING INC.**



|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>3220 SW 50TH TERRACE<br/>FT LAUDERDALE FL 33314</b> | Mailing Address<br><b>3220 SW 50TH TERRACE<br/>FT LAUDERDALE FL 33314</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

3. Date Incorporated or Qualified  
**04/15/1996**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

|                                                                                                                                 |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>25</b> Suite, Apt. #, etc.<br><b>26</b> City & State<br><b>27</b> Zip<br><b>28</b> Country |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

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

**LAW OFFICE OF CHRISTOPHER A NARDUCCI, P.A.  
1975 E SUNRISE BLVD  
SUITE 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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                                                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD<br>REVEREND SCHOSCHANA/SUSAN LEVY<br>3220 SW 50TH TERRACE<br>FT LAUDERDALE FL 33314 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SD<br>LEVY, JOSEPH<br>3220 SW 50TH TERRACE<br>FT LAUDERDALE FL 33314                   | 1.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | TD<br>GOMEZ, ROBERT<br>3220 SW 50TH TERRACE<br>FT LAUDERDALE FL 33314                  | 1.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                                                                                        | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 2.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 2.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 3.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 3.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 4.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 4.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 5.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 5.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 6.2 NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 6.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |                                                                                        | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Susan Levy 4/26 (954) 791-3045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036553

CR2E037 (10/97)