

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004646

1. Corporation Name

ALLAN KARDEC SPIRITIST CENTER OF MIAMI, INC.

Principal Place of Business

**1150 NORMANDY DR. RM. 4
MIAMI BEACH FL 33141**

Mailing Address

**P.O. BOX 416335
MIAMI BEACH FL 33141**

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90031 043 ****61.25

268410 - 90031 - 43



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/04/1996

4. FEI Number

65-0775314

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

9. Name and Address of Current Registered Agent

**RIGONATI, MARCIA
504 CASCADE FALLS DR.
WESTON FL 33327**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **RIGINATI, MARCIA**
CITY-ST-ZIP **504 CASCADE FALLS DR.
WESTON FL 33327**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MEDEIROS, VANESSA**
CITY-ST-ZIP **122 NE 204 STREET, APT. 23
NORTH MIAMI FL 33179**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **EWERS, ANTONIO B**
CITY-ST-ZIP **6937 BAY DR., APT 405
MIAMI BEACH FL 33141**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD**
1.3 STREET ADDRESS **RIGINATI, MARCIA**
1.4 CITY-ST-ZIP **1447 ESTANCIA CIRCLE
WESTON FL 33327**

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TD**
3.3 STREET ADDRESS **EWERS, ANTONIO B**
3.4 CITY-ST-ZIP **60 S. SHORE DRIVE # 21
MIAMI BEACH, FL 33141**

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 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, with all other like empowered.

SIGNATURE: **MARCIA RIGINATI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/99 (305) 406-9075

CR2E037 (11/98)