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May 07 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005139 (8)
Corporation Name

INSTITUTE FOR ETHICS AND MEANING, NON PROFIT CORPORATION



Principal Place of Business Mailing Address
2109 BAYSHORE BOULEVARD #1005 TAMPA FL 33606 2109 BAYSHORE BOULEVARD #1005 TAMPA FL 33606-3140

3. Date Incorporated or Qualified 10/01/1996 3a. Date of Last Report NONE = NEW

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. #1005 26 Suite, Apt. #, etc. #1005
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-3404215 Applied For Not Applicable
5. Certificate of Status Desired [X] \$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 [X] No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
MURPHY, BROWER 2109 BAYSHORE BOULEVARD #1005 TAMPA FL 33606
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President [] DELETE	1.1 TITLE	P.D. [] Change [X] Addition
NAME	Janet M. Roberts	1.2 NAME	Janet M. Roberts
STREET ADDRESS	2109 Bayshore Blvd #804	1.3 STREET ADDRESS	2109 Bayshore Blvd #804
CITY-ST-ZIP	Tampa, FL 33606	1.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	Treasurer [] DELETE	2.1 TITLE	T.D. [] Change [X] Addition
NAME	Brower Murphy	2.2 NAME	Brower Murphy
STREET ADDRESS	2109 Bayshore Blvd #1005	2.3 STREET ADDRESS	2109 Bayshore Blvd #1005
CITY-ST-ZIP	Tampa, FL 33606	2.4 CITY-ST-ZIP	Tampa, FL 33606
TITLE	Genie Skyrak [] DELETE	3.1 TITLE	P.D. [] Change [X] Addition
NAME	Genie Skyrak	3.2 NAME	Genie Skyrak
STREET ADDRESS	2109 Bayshore Blvd #1005	3.3 STREET ADDRESS	2109 Bayshore Blvd #1005
CITY-ST-ZIP	Tampa, FL 33606	3.4 CITY-ST-ZIP	Tampa, FL 33606
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CR2E037 (9/96)