

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600005259

SPIRITUAL PATH FOUNDATION, INC.

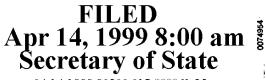
Principal Place of Business 4461 S 25TH STREET FORT PIERCE FL 34981

1. Corporation Name

Mailing Address

4461 S 25TH STREET FORT PIERCE FL 34981

US



04-14-1999 90200 017 \*\*\*\*61.25



•	,										
2. Principal Pl	Principal Place of Business		2a. Mailing Address				3. Date Incorporated or Qualifed 10/14/1996				
21	41 - 1 -	26	Suite, Apt. #, etc.				4. FEI Number			Anoli	ed For .
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				65-0706246				pplicable
City & State	е	27	City & State				Certifcate of Status Desired		\$8.7		ditional
Zip	Country	28]	Zip C	ountry		<del></del>	6. Election Campaign Financing		\$5.0	Ωм	av Re
<del></del>	25 29 3					İ	Trust Fund Contribution	S5.00 May Be Added to Fees			•
24 25 29 30  9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
					A Company (DO COMPANY)						
VIDAL, JUDITH E				82 Street Add			s (P.O. Box Number is Not Accepta	ible)			
4461 S 25TH STREET			•								
FORT PIERCE FL 34981				83					· · · · · · · · · · · · · · · · · · ·		
				84	City			FI	85 Z	ip Co	de
11. Pursuant office or reagent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 6 f Florio	17.1508, Florida Statutes, the da. Such change was authori , Section 617.0503, Florida S	e above zed by tatutes	e-named of the corpo	corpora oration's	ation submits this statement for the s board of directors. I hereby accep	purpose of o	changing itment as	its re regis	gistered tered
SIGNATURE											
CICITATIONE	Signature, typed or printed name of registered agent				nt signature re	w beniupe	hen reinstating)	DATE	D DIDEC	<b>TOD</b>	O IN 42
12.	OFFICERS AND	DIRE	070110	3.			ADDITIONS/CHANGES TO OF	FICERS AN			S IN 1∠ ☐ Addition
TITLE ·	PD		☐ DELETÉ 1.	1 TITLE					Chan	ge	L. Audioni
NAME	VIDAL, EUGENE		1.	2 NAME							
STREET ADDRESS	4461 S 25 STREET		t.	3 STREET	T ADDRESS						
CITY-ST-ZIP	FORT PIERCE FL 34981		.1.	4 CITY-S	T-ZIP	<u> </u>					
TITLE	STD		☐ DELETE 2.	1 TITLE					☐ Chan	ge	Addition
NAME	VIDAL, JUDITH E		2.	2 NAME		•					
STREET ADDRESS	6		2.	3 STREET	TADORESS						
CITY-ST-ZIP	FORT PIERCE FL 34981		2	4 CITY-S	ST-ZIP						
TITLE	D			1 TITLE					Chang		☐ Addition
NAME '	BLAMIRE, JENNIFER E		3.	2 NAME					COR	RE	CTION
STREET ADDRESS	3152 DWARE PINE AVE		1		TADORESS	31	52 DWARF PINE	AVE.			
CITY-ST-ZIP	WINTER PARK FL			4. CITY-S		- ~	T T	327	792		
TITLE	**************************************			1 TITLE			- F		Chan	ge	Addition
NAME	1		-	2 NAME							
	<u>'</u>		<b>1</b> "		T ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP	,			4 CITY-S	11-ZIP	<del> </del>			☐ Chan	g <del>e</del>	Addition
TITLE			_	2 NAME					_		_
NAME					TADDRESS						
STREET ADDRESS		•	• • •								
CITY-ST-ZIP				4 CITY-S	11-45				☐ Chan		Addition
TITLE			0222.2						L Citati	Ac	∟ ∧uuluuli
NAME				2 NAMÉ	•						
STREET ADDRESS	J				TADDRESS						
CITY-ST-ZIP	1		6	4 CITY-S	T-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:

SIGNATUSE BEQUIRED

4-12-99 561-595-5117