

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

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1. Corporation Name

SPIRITUAL PATH FOUNDATION, INC.

Principal Place of Business

4461 S 25TH STREET  
FORT PIERCE FL 34981  
US

Mailing Address

4461 S 25TH STREET  
FORT PIERCE FL 34981  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/14/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0706246

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 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

VIDAL, JUDITH E  
4461 S 25TH STREET  
FORT PIERCE FL 34981

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 PD ☐ DELETE

NAME VIDAL, EUGENE  
STREET ADDRESS 4461 S 25 STREET  
CITY-ST-ZIP FORT PIERCE FL 34981

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME VIDAL, JUDITH E  
STREET ADDRESS 4461 S 25TH STREET  
CITY-ST-ZIP FORT PIERCE FL 34981

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BLAMIRE, JENNIFER E  
STREET ADDRESS 3152 DWARF PINE AVE  
CITY-ST-ZIP WINTER PARK FL

1.3 STREET ADDRESS ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

3152 DWARF PINE AVE.  
32792

SIGNATURE:

SIGNATURE REQUIRED

4-12-99 561-595-5117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)