

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jun 22, 1999 8:00 am**  
**Secretary of State**

06-22-1999 90010 030 \*\*\*\*61.25

**DOCUMENT # N98000003509**

1. Corporation Name

**SPIRIT SPRINGS YOGA MISSION, INC.**

Principal Place of Business

8690 WEST LYKES TRAIL  
HOMOSASSA FL 34448

Mailing Address

8690 WEST LYKES TRAIL  
HOMOSASSA FL 34448



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/15/1998**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

**59-3545704**

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Shaw  
SAHW, JANE L  
8690 WEST LYKES TRAIL  
HOMOSASSA FL 34448

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

*Jane L. Shaw*  
Signature, typed or printed name of registered agent and title if applicable.

Jane L. Shaw

6/15/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/S ☐ DELETE  
NAME Jane L. Shaw  
STREET ADDRESS 8690 W Lykes Trail  
CITY-ST-ZIP Homosassa, FL 34448

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME Susan Kirk  
STREET ADDRESS 25 S.E. Kings Bay Dr.  
CITY-ST-ZIP Crystal River, FL 34429

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

TITLE D ☐ DELETE  
NAME Helen Moe  
STREET ADDRESS 9196 W Harbor Isle Dr.  
CITY-ST-ZIP Crystal River, FL 34429

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME Lola Thomas  
STREET ADDRESS 5 Mangrove Cr. W.  
CITY-ST-ZIP Homosassa, FL 34446

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME Laurie Figg  
STREET ADDRESS 23 Chinkapin Ct.  
CITY-ST-ZIP Homosassa FL 34446

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*Jane L. Shaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/99

352-382-2744

Date

Daytime Phone #