

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003509

FILED  
Mar 11, 2004  
Secretary of State

Entity Name: SPIRIT SPRINGS YOGA MISSION, INC.

**Current Principal Place of Business:**

8690 WEST LYKES TRAIL  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

**Current Mailing Address:**

8690 WEST LYKES TRAIL  
HOMOSASSA, FL 34448

**New Mailing Address:**

FEI Number: 59-3545704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHAW, JANE L  
Address: 8690 W LYKES TRAIL  
City-St-Zip: HOMOSASSA, FL 34448

Title: VP/D ( ) Delete  
Name: HOLLIS, IRIS  
Address: 1920 NW 19TH ST.  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TD ( ) Delete  
Name: THOMAS, LOLA  
Address: % MANGROVE CT. W.  
City-St-Zip: HOMOSASSA, FL 34446

Title: SD ( ) Delete  
Name: LYONS, MARY  
Address: 901 VENTURI AVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete  
Name: VAZNELIS, ANTONINA  
Address: 7983 CHAUCER DR.  
City-St-Zip: SPRING HILL, FL 34607

Title: D ( ) Delete  
Name: BARWICK, PATRICIA  
Address: 10701 PINE ISLAND DR.  
City-St-Zip: SPRING HILL, FL 34607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE L. SHAW

P/D

03/11/2004

Electronic Signature of Signing Officer or Director

Date