

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001179

1. Entity Name

THE CHURCH OF THE INNERLIGHT AN ALLIANCE OF DIVI

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90140 018 ****61.25

Principal Place of Business 5010-5012 MISSION SQUARE CIRCLE ZEPHYRHILLS FL 33541	Mailing Address 5010-5012 MISSION SQUARE CIRCLE ZEPHYRHILLS FL 33541
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5010 MISSION SQ CIR	3. Mailing Address 5010 MISSION SQ CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ZEPHYRHILLS, FL	City & State ZEPHYRHILLS, FL	4. FEI Number 65-0900158	Applied For <input type="checkbox"/> Not Applicable
Zip 33541	Country PASCO	Zip 33541	Country PASCO
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name SHARON BURDETT
Street Address (P.O. Box Number is Not Acceptable) 5010 MISSION SQ CIR
City ZEPHYRHILLS
State FL
Zip Code 33541

8. 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.

SHARON BURNETT, PRESIDENT

SIGNATURE Sharon Burnett, President DATE 2/1/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME BURNETT, SHARON L	
STREET ADDRESS 5010-5012 MISSION SQUARE CIRCLE	
CITY-ST-ZIP ZEPHYRHILLS FL 33541	
TITLE SD	<input type="checkbox"/> Delete
NAME MARTIN, JOSEPH	
STREET ADDRESS 5010-5012 MISSION SQUARE CIRCLE	
CITY-ST-ZIP ZEPHYRHILLS FL 33541	
TITLE TD	<input type="checkbox"/> Delete
NAME LEIGH, SHEILA D	
STREET ADDRESS 5010-5012 MISSION SQUARE CIRCLE	
CITY-ST-ZIP ZEPHYRHILLS FL 33541	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5010 MISSION SQ CIR	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5010 MISSION SQ CIR	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5010 MISSION SQ CIR	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BURNETT **SIGNATURE REQUIRED** DATE 2/1/2000 DAYTIME PHONE # (813) 779-0508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR