



Detail by Entity Name

Foreign Non Profit Corporation

CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Filing Information

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Event Date Filed 09/24/2010
Event Effective Date NONE

Principal Address

419 N LARCHMONT #86
LOS ANGELES CA 90004

Mailing Address

419 N LARCHMONT #86
LOS ANGELES CA 90004

Registered Agent Name & Address

JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA FL 33602 US

Officer/Director Detail

Name & Address

Title PCD

BELLIN, RUSSELL
419 N LARCHMONT #86
LOS ANGELES CA

Title VD

WHEELIS, MICHELE
419 N LARCHMONT #86
LOS ANGELES CA 90004

Title SD

MCNAIRN, JANE
419 N LARCHMONT #86
LOS ANGELES CA

Annual Reports

Report Year Filed Date

2007	05/03/2007
2008	05/01/2008
2009	05/03/2009

Document Images

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2009
Secretary of State**

DOCUMENT# F97000003410

Entity Name: CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Current Principal Place of Business:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Principal Place of Business:

Current Mailing Address:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA, FL 33602 US

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: PCD () Delete
Name: BELLIN, RUSSELL
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

Title: VD () Delete
Name: WHEELIS, MICHELE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA 90004

Title: SD () Delete
Name: MCNAIRN, JANE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 MCNAIRN

SD

05/03/2009

Electronic Signature of Signing Officer or Director

_____ Date

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2008
Secretary of State**

DOCUMENT# F97000003410

Entity Name: CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Current Principal Place of Business:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Principal Place of Business:

Current Mailing Address:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA, FL 33602 US

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: PCD () Delete
Name: BELLIN, RUSSELL
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

Title: VD () Delete
Name: WHEELIS, MICHELE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA 90004

Title: SD () Delete
Name: MCNAIRN, JANE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 MCNAIRN

SD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2007
Secretary of State**

DOCUMENT# F97000003410

Entity Name: CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Current Principal Place of Business:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Principal Place of Business:

Current Mailing Address:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA, FL 33602 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BELLIN, RUSSELL
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

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

Title: VD () Delete
Name: WHEELIS, MICHELE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA 90004

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

Title: SD () Delete
Name: MCNAIRN, JANE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 MCNAIRN

S

05/03/2007

Electronic Signature of Signing Officer or Director

_____ Date

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 05, 2006
Secretary of State**

DOCUMENT# F97000003410

Entity Name: CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Current Principal Place of Business:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Principal Place of Business:

Current Mailing Address:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA, FL 33602 US

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: PCD () Delete
Name: BELLIN, RUSSELL
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

Title: VD () Delete
Name: WHEELIS, MICHELE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA 90004

Title: SD () Delete
Name: MCNAIRN, JANE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 MCNAIRN

S

05/05/2006

Electronic Signature of Signing Officer or Director

Date

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2005
Secretary of State**

DOCUMENT# F97000003410

Entity Name: CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Current Principal Place of Business:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Principal Place of Business:

Current Mailing Address:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA, FL 33602 US

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: PCD () Delete
Name: BELLIN, RUSSELL
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

Title: VD () Delete
Name: WHEELIS, MICHELE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA 90004

Title: SD () Delete
Name: MCNAIRN, JANE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

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:

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 MCNAIRN

SD

05/01/2005

Electronic Signature of Signing Officer or Director

_____ Date

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000003410

FILED
May 01, 2003
Secretary of State

Entity Name: CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Current Principal Place of Business:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Principal Place of Business:

Current Mailing Address:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA, FL 33602 US

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: PCD () Delete
Name: BELLIN, RUSSELL
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

Title: VD () Delete
Name: WHEELIS, MICHELE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA 90004

Title: SD () Delete
Name: MCNAIRN, JANE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

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:

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 MCNAIRN

SD

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000003410

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Current Principal Place of Business:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Principal Place of Business:

Current Mailing Address:

419 N LARCHMONT #86
LOS ANGELES, CA 90004

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA, FL 33602 US

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: PCD () Delete
Name: BELLIN, RUSSELL
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

Title: VD () Delete
Name: WHEELIS, MICHELE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA 90004

Title: SD () Delete
Name: MCNAIRN, JANE
Address: 419 N LARCHMONT #86
City-St-Zip: LOS ANGELES, CA

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:

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 MCNAIRN

SD

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # F97000003410

1. Entity Name
CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Principal Place of Business		Mailing Address	
419 N LARCHMONT #86		419 N LARCHMONT #86	
LOS ANGELES 90004	CA	LOS ANGELES 90004	CA

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 95-3781769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON ROBERT E
100 NORTH TAMPA STREET, STE 3500

TAMPA FL 33602 US

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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.

SIGNATURE _____ DATE **04/29/2001**

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 NAME	T BOLSTAD ARTHUR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	419 N LARCHMONT, 86	
CITY-ST-ZIP	LOS ANGELES CA 90004	
TITLE NAME	S MCNAIRN JANE	<input type="checkbox"/> Delete
STREET ADDRESS	419 N LARCHMONT #86	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE NAME	D WHEELIS MICHELE	<input type="checkbox"/> Delete
STREET ADDRESS	419 N LARCHMONT #86	
CITY-ST-ZIP	LOS ANGELES CA 90004	
TITLE NAME	PCD BELLIN RUSSELL	<input type="checkbox"/> Delete
STREET ADDRESS	419 N LARCHMONT #86	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	SD MCNAIRN JANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	419 N LARCHMONT #86	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE NAME	VD WHEELIS MICHELE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	419 N LARCHMONT #86	
CITY-ST-ZIP	LOS ANGELES CA 90004	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jane McNairn **S** **04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90385 048 ****70.00

DOCUMENT # F97000003410

1. Entity Name

CHURCH OF SPIRITUAL TECHNOLOGY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 419 N LARCHMONT #86 LOS ANGELES CA 90004	Mailing Address 419 N LARCHMONT #86 LOS ANGELES CA 90004-3013
--	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 95-3781769	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	PCD BELLIN, RUSSELL 419 N LARCHMONT #86 LOS ANGELES CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VORM, THOMAS K 419 N LARCHMONT #86 LOS ANGELES CA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELIS, MICHELE 419 N LARCHMONT #86 LOS ANGELES CA 90004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNAIRN, JANE 419 N LARCHMONT #86 LOS ANGELES CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLSTAD, ARTHUR 419 N LARCHMONT, 86 LOS ANGELES CA 90004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JANE MCNAIRN **RECEIVED** MCNAIRN **28 APR 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F97000003410

1. Corporation Name

CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Principal Place of Business

419 N LARCHMONT #86
 LOS ANGELES CA 90004

Mailing Address

419 N LARCHMONT #86
 LOS ANGELES CA 90004



510948-90264-4 8

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-3781769	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ROBERT E
 100 NORTH TAMPA STREET, STE 3500
 TAMPA FL 33602

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	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLIN, RUSSELL	1.2 NAME	
STREET ADDRESS	419 N LARCHMONT #86	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VORM, THOMAS K	2.2 NAME	
STREET ADDRESS	419 N LARCHMONT #86	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELIS, MICHELE	3.2 NAME	
STREET ADDRESS	419 N LARCHMONT #86	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90004	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIRN, JANE	4.2 NAME	
STREET ADDRESS	419 N LARCHMONT #86	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLSTAD, ARTHUR	5.2 NAME	
STREET ADDRESS	419 N LARCHMONT, 86	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90004	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 MCNAIRN
BE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 1999
 Date

(323)661-3524
 Daytime Phone #

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003410 (4)

1. Corporation Name
CHURCH OF SPIRITUAL TECHNOLOGY, INC.

Principal Place of Business Mailing Address
419 N LARCHMONT #86 LOS ANGELES CA 90004
419 N LARCHMONT #86 LOS ANGELES CA 90004



3. Date Incorporated or Qualified
07/01/1997
4. FEI Number
95-3781769
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
JOHNSON, ROBERT E
100 NORTH TAMPA STREET, STE 3500
TAMPA FL 33602

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PCD BELLIN, RUSSELL; VD VORM, THOMAS K; TD WHEELIS, MICHELE; S MCNAIRN, JANE.

Table with 2 columns: 1.1-1.4 (Title, Name, Street Address, City-ST-ZIP), 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4. Rows include D Wheelis, Michele; T Bolstad, Arthur.

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.

SIGNATURE: Jane McNairn Date: March 16, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0078995

CR2E037 (10/97)