9/11/01-90006-040-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005150

Entity Name

FROSENE SONDERLING-SPIRIT OF HOPE FOUNDATION, IN

FILED

01 SEP 28 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
01 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103	4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103

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 59-3662813 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NAPLES-LAWDOCK, INC. C/O QUARLES & BRADY LLP 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if agent's signature required when reinstating)

FILE NOW: FEE IS $61.25
after September 12, 2001, min. will be $236.25

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

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D MARIA MICHAELS 11224 SORREL RIDGE LANE OAKTON, VA. 22124-1322 ☐ Change ☒ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT D NICK STUDDS 5839 NO. BAY ROAD MIAMI BEACH, FL. 33140 ☐ Change ☒ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D TARA JOHNSON COMUZZI 11111 BISCAYNE BLVD., TOWER 2, APT.617 MIAMI, FLA. 33181 ☐ Change ☒ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information contained on this filing does not qualify for the exempt status 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: Maria Michaels President 7/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUL 30 2001

CR2E037 (5/01)