

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008334

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: THE TEASPOON FOUNDATION, INC.

## Current Principal Place of Business:

32A PLEASANT LANE  
PALM COAST, FL 32164

## New Principal Place of Business:

7531 MAYO ST.  
CENTURY, FL 32535

## Current Mailing Address:

32A PLEASANT LANE  
PALM COAST, FL 32164

## New Mailing Address:

7531 MAYO ST.  
CENTURY, FL 32535

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

## Name and Address of Current Registered Agent:

THOMAS, RODNEY B  
32A PLEASANT LANE  
PALM COAST, FL 32164 US

## Name and Address of New Registered Agent:

THOMAS, RODNEY B  
7531 MAYO ST.  
CENTURY, FL 32535 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: RODNEY B. THOMAS

04/23/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: THOMAS, RODNEY B  
Address: 32A PLEASANT LANE  
City-St-Zip: PALM COAST, FL 32164

Title: DIR ( ) Delete  
Name: MORAN, WALLACE D  
Address: 3421 W. HWY 4  
City-St-Zip: CENTURY, FL 32535

Title: DIR ( ) Delete  
Name: MORAN, JULIE L  
Address: 3421 W. HWY 4  
City-St-Zip: CENTURY, FL 32535

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: THOMAS, RODNEY B  
Address: 7531 MAYO ST.  
City-St-Zip: CENTURY, FL 32535

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: WALLACE D. MORAN

DIR

04/23/2007

Electronic Signature of Signing Officer or Director

Date