2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # 724698

1. Entity Name
SPIRITS AFLAME INC

Principal Place of Business	Mailing Address
201 N. E. 8TH AVENUE OCALA, FL 34470	201 N. E. 8TH AVENUE OCALA, FL 34470

01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7304967
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DINKINS,LEWIS E.
8331 SE 16TH TERR
OCALA, FL 34480

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DINKINS,LEWIS E.
STREET ADDRESS	8331 SE 16TH TERR
CITY-ST-ZIP	OCALA, FL 34480
TITLE	DST
NAME	DINKINS, KATHRYN
STREET ADDRESS	8331 SE 16TH TERR
CITY-ST-ZIP	OCALA, FL 34480
TITLE	DVP
NAME	TOLER, DAVID
STREET ADDRESS	2595 SE 48TH ST
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	KING, GEORGE
STREET ADDRESS	1410 SW 48TH AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80012-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1-22-08 (352)622-4176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #