


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 740309 1. Entity Name SPIRITUAL ACADEMY, INC.					
Principal Place of Business 8316 N. CORAL CIRCLE N. LAUDERDALE FL 33068 US		Mailing Address 8316 N. CORAL CIRCLE N. LAUDERDALE FL 33068 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPAGNARDI, MARIO 8316 N. CORAL CIRCLE N. LAUDERDALE FL 33068				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SPAGNARDI, MARIO		NAME	U00000414963	
STREET ADDRESS	8316 N. CORAL CIRCLE		STREET ADDRESS	02/11/06-80061-002 75.00	
CITY-ST-ZIP	N. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SPAGNARDI, PATRIZIO		NAME		
STREET ADDRESS	7007 N.W. 81ST STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	ABRAHAM, KATHLEEN		NAME		
STREET ADDRESS	8010 N.W. 74TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRING FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	PRESTON, JEANNE		NAME		
STREET ADDRESS	8437 S. CORAL CIR.		STREET ADDRESS		
CITY-ST-ZIP	N. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	CONCETTA, LASHURE		NAME		
STREET ADDRESS	830 S.W. 49TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	ABBONDANZIO, ESTIA		NAME		
STREET ADDRESS	6812 NW 2 ST		STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number **AP-PLIED FOR** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mario Spagnardi* MARIO SPAGNARDI 1-24-06 954-72190