


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90290 033 \*\*\*\*70.00

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-1765421**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SPAGNARDI, MARIO  
8316 N. CORAL CIRCLE  
N. LAUDERDALE FL 33068**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SPAGNARDI, MARIO</b>	
STREET ADDRESS	<b>8316 N. CORAL CIRCLE</b>	
CITY-ST-ZIP	<b>N. LAUDERDALE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SPAGNARDI, PATRIZIO</b>	
STREET ADDRESS	<b>7007 N.W. 81ST STREET</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAHAM, KATHLEEN</b>	
STREET ADDRESS	<b>8010 N.W. 74TH TERRACE</b>	
CITY-ST-ZIP	<b>CORAL SPRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRESTON, JEANNE</b>	
STREET ADDRESS	<b>8437 S. CORAL CIR.</b>	
CITY-ST-ZIP	<b>N. LAUDERDALE FL</b>	
TITLE	<b>I</b>	<input type="checkbox"/> Delete
NAME	<b>CONCETTA, LASHURE</b>	
STREET ADDRESS	<b>830 S.W. 49TH TERRACE</b>	
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABBONDANZIO, ESTIA</b>	
STREET ADDRESS	<b>6812 NW 2 ST</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Mario Spagnardi* **SIGNATURE REQUIRED MARIO SPAGNARDI JAN. 18-03 954-7219093**

CR2E037 (10/02)