


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000005366 1. Entity Name SPIRIT OF AMERICA RESEARCH FOUNDATION, INC.					
Principal Place of Business P.O. BOX 952914 LAKE MARY, FL 32795-2914			Mailing Address 1139 VERMILLION CIRCLE MARIETTA, GA 30060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02272004 Chg-NP CR2E037 (10/03)	
4. FEI Number 52-1334916				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUTLER, GORDON R 488 SUNLAKE LOOP #110 LAKE MARY, FL 32746			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input 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	CP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, GORDON R		NAME	U000000152994	
STREET ADDRESS	PO BOX 952914		STREET ADDRESS	05/04/04-80108-017 70.00	
CITY-ST-ZIP	LAKE MARY, FL 327952914		CITY-ST-ZIP		
TITLE	VCT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIENEMANN, KERRI		NAME		
STREET ADDRESS	1139 VERMILLION CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30060		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORCHARDT, RONALD		NAME		
STREET ADDRESS	8331 OAK SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALLOW, JACK		NAME		
STREET ADDRESS	27951 GRATIOT AVE		STREET ADDRESS		
CITY-ST-ZIP	ROSEVILLE, MI 48066		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSON, J. DESHEA		NAME		
STREET ADDRESS	1747 RUTLEDGE RD		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Kerri S. Lienemann</u>			4/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		