


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001393	
1. Entity Name FLORIDA SPIRIT50, INC.	

Principal Place of Business 4904 38TH WAY SOUTH 117 SAINT PETERSBURG, FL 33711	Mailing Address 4904 38TH WAY SOUTH 117 SAINT PETERSBURG, FL 33711
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04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3630082	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARNETT, ELIZABETH 4904 38TH WAY SOUTH 117 SAINT PETERSBURG, FL 33711

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GARNETT, ELIZABETH
STREET ADDRESS	4904 38TH WAY SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	D
NAME	PEREZ, HANNA
STREET ADDRESS	4904 38TH WAY SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	D
NAME	NEWLAND, I. DARLENE
STREET ADDRESS	225 BOCA CIEGA DR
CITY-ST-ZIP	MADEIRA BEACH, FL 34690
TITLE	D
NAME	BEHRMANN, KARMY
STREET ADDRESS	225 BOCA CIGNA DR
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80108-024 61.25

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: ELIZABETH GARNETT *Elizabeth Garnett* **727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/26/05** **866-2245**
Date Daytime Phone #