

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 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**



04112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3630082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARNETT, ELIZABETH
4904 38TH WAY SOUTH 117
SAINT PETERSBURG, FL 33711**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

4/14/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000901291
04/29/08-80063-014 61.25**

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08
Date

Daytime Phone #