


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000008055	
<b>1. Entity Name</b> HAIR IN THE SPIRIT INC	

<b>Principal Place of Business</b> 269 S DIXIE HIGHWAY DEERFIELD, FL 33441	<b>Mailing Address</b> 269 S DIXIE HIGHWAY DEERFIELD, FL 33441
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 65-1126361	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

FAYE BAILEY, WILMA  
124 CYPRESS CRESCENT  
ROYAL PALM BEACH, FL 33411

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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: Wilma Faye Bailey (NOTE: Registered Agent signature required when reinstating) DATE: 4/13/05

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000326513 04/23/05-80058-020 61.25
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DVP
<b>NAME</b>	BAILEY, SYLVESTER JR.
<b>STREET ADDRESS</b>	269 S DIXIE HIGHWAY
<b>CITY - ST - ZIP</b>	DEERFIELD, FL 33441
<b>TITLE</b>	DP
<b>NAME</b>	BAILEY, SYLVESTER SR.
<b>STREET ADDRESS</b>	269 S DIXIE HIGHWAY
<b>CITY - ST - ZIP</b>	DEERFIELD, FL 33441
<b>TITLE</b>	TD
<b>NAME</b>	WILLIAMS, MICHUN
<b>STREET ADDRESS</b>	14954 LADY VICTORIA BLVD.
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32826
<b>TITLE</b>	SD
<b>NAME</b>	WILLIAMS, SOLOMON
<b>STREET ADDRESS</b>	14954 LADY VICTORIA BLVD.
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32826
<b>TITLE</b>	M
<b>NAME</b>	BAILEY, WILMA FAYE
<b>STREET ADDRESS</b>	124 CYPRESS CRESCENT
<b>CITY - ST - ZIP</b>	ROYAL PALM BEACH, FL 33411
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Wilma Faye Bailey Wilma Faye Bailey 4/13/05 954-426-6515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #