


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

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000006171</b> 1. Entity Name <b>TWO SPIRIT CHARITABLE FOUNDATION, INC.</b>		
Principal Place of Business <b>6060 SHORE BLVD. SOUTH, PH-1 GULFPORT, FL 33707</b>	Mailing Address <b>6060 SHORE BLVD. SOUTH, PH-1 GULFPORT, FL 33707</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>POPE, ROBERT W 6060 SHORE BLVD. SOUTH, PH-1 GULFPORT, FL 33707</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reelecting)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		0000000832387 02/27/08-80057-009 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POPE, ROBERT W 6060 SHORE BLVD. SOUTH, PH-1 GULFPORT, FL 33707	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAUGH, RICHARD F 737 19TH AVE. NORTH ST. PETERSBURG, FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMEZ, IAN S 2037 1ST AVE. NORTH ST. PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KONRAD, LAWRENCE 6060 SHORE BLVD. SOUTH, PH-1 GULFPORT, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, PHYLLIS 7116 WOODFIELD DR TAMPA, FL 33617	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Robert W. Pope</b> 2-14-08 344.1436 <b>PRESIDENT</b> Date Daytime Phone #