

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007540

FILED  
Sep 08, 2006  
Secretary of State

**Entity Name:** SPIRIT, HEALTH AND EMPOWERMENT, INC.

**Current Principal Place of Business:**

NORTH STATE ROAD 7  
SUITE 124  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

2331 NORTH STATE ROAD 7  
SUITE 124  
LAUDERHILL, FL 33313

**Current Mailing Address:**

NORTH STATE ROAD 7  
SUITE 124  
LAUDERHILL, FL 33313

**New Mailing Address:**

2331 NORTH STATE ROAD 7  
SUITE 124  
LAUDERHILL, FL 33313

**FEI Number:** 65-1146959      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SIMMONS-ELLINGTON, WYLENE  
2331 N SR 7 STE 124  
LAUDERHILL, FL 33313      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SIMMONS-ELLINGTON, WYLENE  
Address: 4267 NW 34 TERR  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: D      ( ) Delete  
Name: HUNTER, BARBARA  
Address: 27130 SW 121 CT.  
City-St-Zip: HOMESTEAD, FL 33032

Title: S      ( ) Delete  
Name: HUNTER, KISHA  
Address: 11263 SW 190 STREET  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ELLINGTON, CHARLES M  
Address: PO BOX 100564  
City-St-Zip: FORT LAUDERDALE, FL 33310

Title: S      (X) Change ( ) Addition  
Name: SIMMONS-ELLINGTON, WYLENE  
Address: 4267 NW 34 TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WYLENE SIMMONS-ELLINGTON

P

09/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date