

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002369

FILED
May 22, 2008
Secretary of State

Entity Name: SPECTRUM RESOURCE AND DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

2014 BRENTWOOD DRIVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

2014 BRENTWOOD DRIVE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 27-0008011 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

FOLKERTS, JANET F
2014 BRENTWOOD DRIVE`
AUBURNDALE, FL 33823 US

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: E D () Delete
Name: FOLKERTS, JANET F
Address: 2014 BRENTWOOD DRIVE`
City-St-Zip: AUBURNDALE, FL 33823

Title: P () Delete
Name: JOHNSON, CURTIS
Address: 1019 OLD LK. ALFRED RD.
City-St-Zip: AUBURNDALE, FL 33823

Title: S () Delete
Name: JONES, GLENN G
Address: P O BOX 93158
City-St-Zip: LAKE LAND, FL 33804

Title: T () Delete
Name: FRANK, BERRY
Address: 141 FERNERY ROAD
City-St-Zip: LAKE LAND, FL 33809

Title: D () Delete
Name: COLON, GIL JR
Address: 325 E. DAVIDSON ST
City-St-Zip: BARTOW, FL 33831

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JANET FOLKERTS

E D

05/22/2008

Electronic Signature of Signing Officer or Director

Date