

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002369

FILED  
Apr 26, 2009  
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 ( )**

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

FOLKERTS, JANET F  
2014 BRENTWOOD DRIVE  
AUBURNDALE, FL 33823 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: 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

ED

04/26/2009

Electronic Signature of Signing Officer or Director

Date