2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N03000002566

Entity Name: ROOM FOR THE SPIRIT, INC.

Current Principal Place of Business:

840 BEACH DRIVE NE
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

840 BEACH DRIVE NE
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 80-0025950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, CAROL PH.D.
840 BEACH DRIVE NE
ST. PETERSBURG, FL 33701

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: D ( ) Delete
Name: BRITT, LOUNELL
Address: 2335 22ND AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete
Name: CALLOWAY, MARY
Address: 2100 26TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete
Name: CONNORS, MAUREEN R
Address: 840 BEACH DRIVE NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D ( ) Delete
Name: JACKSON, RITA
Address: 2100 26TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D ( ) Delete
Name: MITCHELL, CAROL A
Address: 840 BEACH DRIVE NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D ( ) Delete
Name: STEELE, CAROL S
Address: 140 7TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL MITCHELL DR 04/30/2004

Electronic Signature of Signing Officer or Director — Date