

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003351

FILED  
Mar 01, 2007  
Secretary of State

Entity Name: INSPIRE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

459 STONEWOOD LANE  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

459 STONEWOOD LANE  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 54-2107197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCKEE, MICHAEL P  
459 STONEWOOD LANE  
MAITLAND, FL 32751 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: D ( ) Delete  
Name: MCKEE, MICHAEL P  
Address: 459 STONEWOOD LANE  
City-St-Zip: MAITLAND, FL 32751

Title: O ( ) Delete  
Name: MCKEE, PATRICIA  
Address: 459 STONEWOOD LANE  
City-St-Zip: MAITLAND, FL 32751

Title: O ( ) Delete  
Name: WILEY, LYNNE  
Address: 459 STONEWOOD LANE  
City-St-Zip: MAITLAND, FL 32751

Title: O ( ) Delete  
Name: MCKEE, SARAH W  
Address: 459 STONEWOOD LANE  
City-St-Zip: MAITLAND, FL 32751

**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:

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: MICHAEL MCKEE

D

03/01/2007

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

\_\_\_\_\_  
Date