

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90307 040 ****61.25

DOCUMENT # N03000005147

1. Entity Name
SPIRIT OF THE CHILD, INC.



Principal Place of Business
**4152 FOREST DRIVE
WESTON, FL 33332**

Mailing Address
**4152 FOREST DRIVE
WESTON, FL 33332**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005

Chg-NP

CR2E037 (10/03)

4. FEI Number
11-3690525

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KALIDINDI-GOMEZ, SANDHYA
7065 COPPERFIELD CIRCLE
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent

Name **Kalidindi-Gomez, Sandhya**

Street Address (P.O. Box Number is Not Acceptable)

4152 Forest Drive

City **Weston**

FL

Zip Code **33332**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sandhya Lakshmi - Gomez

(NOTE: Registered Agent signature required when reconstituting)

4/19/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KALIDINDI-GOMEZ, SANDHYA**
STREET ADDRESS **4152 FOREST DRIVE**
CITY-ST-ZIP **WESTON, FL 33332**

TITLE **CD** ☐ Delete
NAME **GOMEZ, FELIPE**
STREET ADDRESS **4152 FOREST DRIVE**
CITY-ST-ZIP **WESTON, FL 33332**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandhya Lakshmi - Gomez

Date

4/19/05

**(954)
682-6789**

Daytime Phone #