2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000847

Current Mailing Address:

Entity Name: SPIRIT PEOPLE OF AMERICA INC

FILED Feb 22, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20902 HIGHPOND LN 29141 US HWY A19 N DADE CITY, FL 33525

UNIT 161 CLEARWATER, FL 33761

New Mailing Address:

29141 US HWY A19 N P.O. BOX 1656

DADE CITY, FL 33526 **UNIT 161**

CLEARWATER, FL 33761

FEI Number: 81-0610252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WYCKOFF, ELAINE E DAVISON, PAM 20902 HIGHPOND LN. 29141 US HWY A19 N

DADE CITY, FL 33525 US **UNIT 161** CLEARWATER, FL 33761 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: PAM DAVISON 02/22/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WYCKOFF, RICHARD E LAMBERT, ROBERT Name: Name: P.O. BOX 2097 Address: 29141 US HWY A19 N UNIT 161 Address:

City-St-Zip: DADE CITY, FL 33526 US City-St-Zip: CLEARWATER, FL 33761 US

Title: () Delete Title: (X) Change () Addition LAMBERT, ROBERT B Name: MORGAN, SELENA Name: Address: 29141 US HWY 19 N LOT 161 Address: 12740 WATERBURG AVE

City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: HUDSON, FL 34669

Title: () Delete Title: (X) Change () Addition Name:

PYLE, VIVIAN ISAACS, BETTY Name: 39427 BRIAN AVE 10912 HAYDEN Address: Address:

City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete Title: (X) Change () Addition LISA, HETU Name: ROBBINS, RICHARD Name:

33824 CRESTWOOD AVE 12740 WATERBURG AVE Address: Address:

City-St-Zip: LEESBURG, FL 34788 City-St-Zip: HUDSON, FL 34669

Title: (X) Delete Title: () Change () Addition DURST, JANE A Name: Name: 11877 SW 37TH DR Address: Address: City-St-Zip: WEBSTER, FL 33597 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: ROBERT LAMBERT Ρ 02/22/2006