

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001674

FILED
Apr 29, 2009
Secretary of State

Entity Name: SPREADING THE JOY, INC.

Current Principal Place of Business:

20170 PINES BOULEVARD, SUITE 302
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

20170 PINES BOULEVARD, SUITE 302
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 04-3823697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS, FREDERICK ESQ.
1535 NORTHPARK DRIVE, SUITE 101
WESTON, FL 33326 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: GRAVES, LAMONT
Address: 20170 PINES BOULEVARD, SUITE 302
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: GRAVES, GLADYS
Address: 20170 PINES BOULEVARD, SUITE 302
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: GRAVES, DONNA
Address: 20170 PINES BOULEVARD, SUITE 302
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: BENFORD, VASSAL
Address: 20170 PINES, BOULEVARD, SUITE 302
City-St-Zip: PEMBROKE PINES, FL 33029

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 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: LAMONT GRAVES

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date