


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90182 015 ****70.00

DOCUMENT # N04000002332			
1. Entity Name LADY SPIRITHUNTERS, INC.			
Principal Place of Business FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY UNION TALLAHASSEE, FL 32306-4003		Mailing Address FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY UNION TALLAHASSEE, FL 32306-4003	
2. Principal Place of Business FLORIDA STATE UNIVERSITY Suite, Apt. #, etc. ROOM A-305 OGLESBY UNION City & State TALLAHASSEE, FL Zip 32306-4003 Country USA		3. Mailing Address FLORIDA STATE UNIVERSITY Suite, Apt. #, etc. ROOM A-305 OGLESBY UNION City & State TALLAHASSEE FL Zip 32306-4003 Country USA	
6. Name and Address of Current Registered Agent BOWEN, REBECCA "BECKY M FLORIDA STATE UNIVERSITY COLLEGE OF MEDICI 1269 W CALL STREET TALLAHASSEE, FL 32306-4003		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, MEGHAN FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY TALLAHASSEE, FL 323064003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition QUINTANA, CHRISTINA FLORIDA STATE UNIVERSITY RM A-305 OGLESBY UNION TALLAHASSEE, FL 32306-4003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANLEY, LISA FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY TALLAHASSEE, FL 323064003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOODY, KRISTA FLORIDA STATE UNIVERSITY RM A-305 OGLESBY UNION TALLAHASSEE, FL 32306-4003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MTENGA, MKUNDE FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY TALLAHASSEE, FL 323064003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CASTELLANA, CARA FLORIDA STATE UNIVERSITY RM A-305 OGLESBY UNION TALLAHASSEE, FL 32306-4003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANG, MERITZA FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY TALLAHASSEE, FL 323064003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOI THU VY FLORIDA STATE UNIVERSITY RM A-305 OGLESBY UNION TALLAHASSEE, FL 32306-4003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, REBECCA "BECKY M FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY TALLAHASSEE, FL 323064003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/21/05 Daytime Phone # 850/591-5228	

20048086



04212005 Chg-NP CR2E037 (10/03)

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required