


**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**

**20048086**



2. Principal Place of Business  
**FLORIDA STATE UNIVERSITY**  
 Suite, Apt. #, etc.  
**ROOM A-305 OGLESBY UNION**  
 City & State  
**TALLAHASSEE, FL**

3. Mailing Address  
**FLORIDA STATE UNIVERSITY**  
 Suite, Apt. #, etc.  
**ROOM A-305 OGLESBY UNION**  
 City & State  
**TALLAHASSEE FL**

04212005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input type="checkbox"/> Delete	NAME WILSON, MEGHAN STREET ADDRESS FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY CITY-ST-ZIP TALLAHASSEE, FL 323064003	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT</b>	NAME QUINTANA, CHRISTINA STREET ADDRESS FLORIDA STATE UNIVERSITY RM A-305 OGLESBY UNION CITY-ST-ZIP TALLAHASSEE, FL 32306-4003
TITLE V <input type="checkbox"/> Delete	NAME STANLEY, LISA STREET ADDRESS FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY CITY-ST-ZIP TALLAHASSEE, FL 323064003	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VICE PRESIDENT</b>	NAME MOODY, KRISTA STREET ADDRESS FLORIDA STATE UNIVERSITY RM A-305 OGLESBY UNION CITY-ST-ZIP TALLAHASSEE, FL 32306-4003
TITLE S <input type="checkbox"/> Delete	NAME MTENGA, MKUNDE STREET ADDRESS FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY CITY-ST-ZIP TALLAHASSEE, FL 323064003	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY</b>	NAME CASTELLANA, CARA STREET ADDRESS FLORIDA STATE UNIVERSITY RM A-305 OGLESBY UNION CITY-ST-ZIP TALLAHASSEE, FL 32306-4003
TITLE T <input type="checkbox"/> Delete	NAME CHANG, MERITZA STREET ADDRESS FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY CITY-ST-ZIP TALLAHASSEE, FL 323064003	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREASURER</b>	NAME BOI THUY VY STREET ADDRESS FLORIDA STATE UNIVERSITY RM A-305 OGLESBY UNION CITY-ST-ZIP TALLAHASSEE, FL 32306-4003
TITLE D <input type="checkbox"/> Delete	NAME BOWEN, REBECCA "BECKY M STREET ADDRESS FLORIDA STATE UNIVERSITY ROOM 314 OGLESBY CITY-ST-ZIP TALLAHASSEE, FL 323064003	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	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: \_\_\_\_\_ DATE: **4/21/05** DAYTIME PHONE: **850/591-5228**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR