2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N04000011730

Entity Name: SPIRIT OF A CHILD FOUNDATION, INC.

Current Principal Place of Business:

2898-6 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2898-6 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-2023465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNEELY, CYNTHIA A. ESQ.
2898-6 MAHAN DRIVE
TALLAHASSEE, FL 32308 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: DP ( ) Delete
Name: WYNN, SHARON
Address: 2898-6 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVPT ( ) Delete
Name: MCNEELY, CYNTHIA A. ESQ.
Address: 2898-6 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS ( ) Delete
Name: SANCHEZ, CATHERINE
Address: 2043 STEVELY AVE.
City-St-Zip: LONG BEACH, CA 90815

Title: DS ( ) Delete
Name: WARD, CINDI
Address: 103 STRONG STREET
City-St-Zip: ROCHESTER, NY 146212134

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: DS (X) Change ( ) Addition
Name: WARD, CINDI
Address: 7 DERRICK DR.
City-St-Zip: WEST HENRIETTA, NY 14586

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: SHARON M. WYNN DP 04/20/2006

Electronic Signature of Signing Officer or Director — Date