2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# N04000011730

Entity Name: SPIRIT OF A CHILD FOUNDATION, INC.

Current Principal Place of Business:

2014 MIDYETTE RD.
UNIT 101
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13954
TALLAHASSEE, FL 323173954

New Mailing Address:

P.O. BOX 13954
TALLAHASSEE, FL 32317

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

Name and Address of Current Registered Agent:

WYNN, SHARON M
2014 MIDYETTE RD.
UNIT 101
TALLAHASSEE, FL 32301 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: P.O. BOX 13954
City-St-Zip: TALLAHASSEE, FL 32317

Title: DPR ( ) Delete
Name: EMMETT-BOHLING, LORI K
Address: P.O. BOX 13954
City-St-Zip: TALLAHASSEE, FL 32317

Title: DVP ( ) Delete
Name: WARD, CINDI LOU
Address: P.O BOX 13954
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OP (X) Change ( ) Addition
Name: WYNN, SHARON M
Address: P.O. BOX 13954
City-St-Zip: TALLAHASSEE, FL 32317

Title: EXED (X) Change ( ) Addition
Name: -BOHLING, LORI K
Address: P.O. BOX 13954
City-St-Zip: TALLAHASSEE, FL 32317

Title: OVP (X) Change ( ) Addition
Name: WARD, CINDI LOU
Address: P.O BOX 13954
City-St-Zip: TALLAHASSEE, FL 32317

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: SHARON M. WYNN OP 04/03/2008

Electronic Signature of Signing Officer or Director — Date