

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90264 022 ****61.25

DOCUMENT # N05000005557					
1. Entity Name THE SPIRIT OF CHRISTMAS FOUNDATION, INC.					
Principal Place of Business 3677 CENTRAL AVE., STE. F FT. MYERS, FL 33901			Mailing Address 3677 CENTRAL AVE., STE. F FT. MYERS, FL 33901		
2. Principal Place of Business - No P.O. Box # 3677 Central Ave. Suite, Apt. #, etc. Suite "G"		3. Mailing Address 3677 Central Ave. Suite, Apt. #, etc. Suite "G"			
City & State Fort Myers, FL 33901		City & State Fort Myers, FL 33901		4. FEI Number 59-3826011	
Zip 33901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELCH, RICHARD A. 3677 CENTRAL AVE., STE. F FT. MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3677 Central Ave. Suite "G" City Fort Myers, FL Zip Code 33901		
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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD JAMIESON, JIM 131 GULF ISLAND DR. FORT MYERS BEACH, FL 33931		<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	VD WELCH, RICHARD A 3677 CENTRAL AVE. F FORT MYERS, FL 33901		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3677 Central Ave., Suite "G" Fort Myers, Florida 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, LINDA F 3677 CENTRAL AVE. I FORT MYERS, FL 33901		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3677 Central Ave., Suite "G" Fort Myers, Florida 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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		<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		<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 exemptions contained 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 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: <u>Richard A. Welch</u> 1/5/2007 (239) 292-2173 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Richard Alan Welch, Vice President