## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007859

FILED May 07, 2008 Secretary of State

Entity Name: SOCIETY OF PARENTS LENDING ALL-INCLUSIVE SUPPORT FOR HOMESCHOOLERS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 712 S.W. 9TH STREET FORT LAUDERDALE, FL 33315 US **Current Mailing Address: New Mailing Address:** 712 S.W. 9TH STREET FORT LAUDERDALE, FL 33315 US FEI Number: 83-0435684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, CLAUDIA V 712 S.W. 9TH STREET FORT LAUDERDALE, FL 33315 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P, D () Delete () Change () Addition MILLER, CLAUDIA V Name: Name: 712 S.W. 9TH STREET Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33315 US City-St-Zip: Title: () Delete Title: VP.D (X) Change ( ) Addition LITZ, DEBORAH Name: BRUMMET, ANNE Name: Address: 1437 NE SECOND AVE Address: 8012 NW 104TH AVE City-St-Zip: FORT LAUDERDALE, FL 33304 US City-St-Zip: TAMARAC, FL 33321 US Title: S, D () Delete Title: () Change () Addition ROTH, KRISTY Name: Name: Address: 7802 NW 67TH AVENUE Address: City-St-Zip: TAMARAC, FL 33321 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DEBORAH, WEST Name: 3944 INVERRARY DRIVE Address: Address: City-St-Zip: LAUDERHILL, FL 33319 US City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition LITZ, DEBORAH Name: Name: 1437 NE SECOND AVE Address: Address: FORT LAUDERDALE, FL 33304 US City-St-Zip: City-St-Zip:

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: CLAUDIA V MILLER P, D 05/07/2008