

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2009  
Secretary of State**

DOCUMENT# N05000012098

Entity Name: NEW SPIRIT FARM INCORPORATED

**Current Principal Place of Business:**

5589 FEARNLEY ROAD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

5589 FEARNLEY ROAD  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 84-1667136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUCAS, TAYLOR  
5589 FEARNLEY ROAD  
LAKE WORTH, FL 33467      US

**Name and Address of New Registered Agent:**

LUCAS, ERICA  
5589 FEARNLEY ROAD  
LAKE WORTH, FL 33467      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: ERICA LUCAS      04/23/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LUCAS, TAYLOR A  
Address: 5589 FEARNLEY ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP      ( ) Delete  
Name: LUCAS, TREVOR J  
Address: 5589 FEARNLEY ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: S      ( ) Delete  
Name: LUCAS, ERICA  
Address: 5589 FEARNLEY ROAD  
City-St-Zip: LAKE WORTH, FL 33467

Title: T      ( ) Delete  
Name: LUCAS, STEVEN C  
Address: 5589 FEARNLEY ROAD  
City-St-Zip: LAKE WORTH, FL 33467

**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:      ( ) Change ( ) Addition  
Name:  
Address:  
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: ERICA LUCAS      S      04/23/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date