

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013140

FILED
Feb 13, 2007
Secretary of State

Entity Name: SPIRIT NETWORK FOUNDATION, INC.

Current Principal Place of Business:

3429 E. SHORE RD.
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

3429 E. SHORE RD.
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 20-8213624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, PETER J
3429 E. SHORE RD.
MIRAMAR, FL 33023 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: PD () Delete
Name: MATTHEWS, PETER J
Address: 3429 E. SHORE RD.
City-St-Zip: MIRAMAR, FL 33023

Title: VD () Delete
Name: KNOWLES, ERIC G
Address: 4800 GARFIELD
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: SMITH, CLARANCE E
Address: 2750 SW 109TH TERR.
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: LOCKHART, HARVEY
Address: 8463 N. LAKE FOREST DR.
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: FRENCH, RUPERT F
Address: 16522 NW 23RD ST.
City-St-Zip: PEMBROKE PINES, FL 33028

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER J. MATTHEWS

PD

02/13/2007

Electronic Signature of Signing Officer or Director

Date