


FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90014 027 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # N06254 1. Entity Name RESEARCH AND ENGINEERING ORGANIZATION FOR SPOUSES, INC. |  |
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| Principal Place of Business 6500 BEAR LAKE CIRCLE C/O ROBERTA GREEN APOPKA, FL 32703 US | Mailing Address 6500 BEAR LAKE CIRCLE C/O ROBERTA GREEN APOPKA, FL 32703 US |
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03272008 No Chg-NP CR2E037 (4/06)

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|---|-----------------------------------|
| 4. FEI Number 59-2396067 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 8. Name and Address of Current Registered Agent GREEN, ROBERTA 6500 BEAR LAKE CIRCLE APOPKA, FL 32703 | SANDBERG, ELSIE 4523 PAGEANT WAY ORLANDO, FL 32808 |
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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 ELSIE J. SANDBERG TD Elsie J. Sandberg 4-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SANDBERG, ELSIE 4523 PAGEANT WAY ORLANDO, FL 32808 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GREEN, ROBERTA 6500 BEAR LAKE CIRCLE APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BREMER, AURELIA 3814 SCAR BOROUGHS CT. CLERMONT, FL 34711 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DREXLER, CLARICE 4915 CALLE DE SOL ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD CATES, SUE 4085 CONWAY PLACE CIR ORLANDO, FL 32812 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 Elsie J. Sandberg Elsie J. Sandberg 4-24-08 407-293-4426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #