

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09779

FILED
Mar 04, 2005
Secretary of State

Entity Name: GOOD SPIRIT FOUNDATION, INC.

Current Principal Place of Business:

8140 N. WILEY POST WAY
HERNANDO, FL 34442 US

New Principal Place of Business:

Current Mailing Address:

8178 N. WILEY POST WAY
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number: 59-2611871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSER, ED
8178 N. WILEY POST WAY
HERNANDO, FL 32642 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: DT () Delete
Name: MESSER, ED.
Address: 8178 N WILEY POST WAY
City-St-Zip: HERNANDO, FL

Title: TD () Delete
Name: DIWGLER, DENNY
Address: 7104 CALYPSO LOOP
City-St-Zip: INVERNESS, FL 34453

Title: DT () Delete
Name: J.W. MORTON,
Address: 1645 W. MAIN, SUITE #C
City-St-Zip: INVERNESS, FL

Title: DT () Delete
Name: ROHEY, TAMARA
Address: 4965 E. STOKES FERRY RD.
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: DINGLER, DENNY
Address: 7104 CALYPSO LOOP
City-St-Zip: INVERNESS, FL 34453

Title: DT (X) Change () Addition
Name: MORTON, J.W.
Address: 1645 W. MAIN, SUITE #C
City-St-Zip: INVERNESS, FL

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 Section 119.07(3)(i), 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: TAMARA ROHEY

DT

03/04/2005

Electronic Signature of Signing Officer or Director

Date