

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2006  
Secretary of State**

DOCUMENT# N09779

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: DINGLER, DENNY  
Address: 7104 CALYPSO LOOP  
City-St-Zip: INVERNESS, FL 34453

Title: DT ( ) Delete  
Name: MORTON, J.W.  
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: ( ) 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: TAMARA L. ROHEY

DT

01/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date