FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 06 1998 8:00am Secretary of State

	1998	DIVISION OF CO	DRPORATIONS	
DOCUMENT # N9400004309 (0) THE SPES SOCIETY, INC.				
Principal Place of Business Malling Address				I 18041401 010 10111 01111 10011 00111 00111 00111 00111 01111 01111 01111 01111 01111 01111 01111 0111
C/O 290 PERIGNON PLACE C/O 290 PERIGNON PLACE				3. Date Incorporated or Qualified
NAPLES FL 33999 NAPLES FL 33999				08/31/1994
				4. FEI Number Applied For
9 Principal D	2. Principal Place of Business 22. Mailing Address			65-0502639 Not Applicable
21	ace or Business	26 Mailing Address		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc Suite, Apt. #, etc.			Election Campaign Financing \$5.00 May Be	
22 27 City & State City & State		 — — —	Trust Fund Contribution Added to Fees	
23 City & State	9	City & State		7. Is this nonprofit corporation a homeowners association? \[\sum \text{Yes} \sum \text{No} \]
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		90	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
• • • • • • • • • • • • • • • • • • •				
599-41711 STREET-GOUTH			82 Street Add	Iress (P.D. Box Number is Not Acceptable)
NAPLEO FL COOLO			83 80	.T. 308
5 			84 City	les L Zin Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-parted corrections				PLES FL 34103
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE				
	Signature, typed or printed name of registered agent		Registered Agent signature requ	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	THIESEN, WILLIAM	المال المال	1.2 NAME	
STREET ADDRESS	C/O 290 PERIGNON PLACE		1.3 STREET ADDRESS	• •
CITY-ST-ZIP	NAPLES FL 00000-		1.4 CITY-ST-ZIP	34119
TITLE	DP	☐ DELETE	2.1 TITLE	Change
NAME	LINN, NICK		2.2 NAME	
STREET ADDRESS	C/O 290 PERIGNON PLACE NAPLES FL-88888-		2.3 STREET ADDRESS	34119
CITY-ST-ZIP	DST	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME	HUBBARD, ROBERT		3.2 NAME	· -
STREET ADDRESS	C/O 290 PERIGNON PLACE		3.3 STREET ADDRESS	21410
CITY-ST-ZW	NAPLES FL-83000		3.4. CITY-ST-ZIP	84ાવ
TITLE		☐ DELETÉ	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	ı.		4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	<u></u>	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS		•	5.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	T hariere	5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME CTREET ADDOCCC			6.2 NAME 6.3 STREET ADDRESS	
STREET ADDRESS			U.S STREET ADDRESS	

6.4 CITY-ST-ZIP

14. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attackment with an address.

SIGNATURE:

VILLED The ENGINERAL TRIES -3-23-98 941 455-7499