## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005259

Entity Name: SPIRITUAL PATH FOUNDATION, INC.

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4461 S 25TH STREET 300 VIKING STREET, NE FORT PIERCE, FL 34981 US PALM BAY, FL 32907 US

Current Mailing Address: New Mailing Address:

4461 S 25TH STREEET 300 VIKING STREET, NE FORT PIERCE, FL 34981 US PALM BAY, FL 32907 US

FEI Number: 65-0706246 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VIDAL, JUDITH E
4461 S 25TH STREET
FORT PIERCE, FL 34981 US

VIDAL, JUDITH E
300 VIKING STREET, NE
PALM BAY, FL 32907 US

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: 03/23/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: VIDAL, EUGENE Name: VIDAL, EUGENE

 Address:
 4461 S 25 STREET
 Address:
 300 VİKING STREET, NE

 City-St-Zip:
 FORT PIERCE, FL 34981
 City-St-Zip:
 PALM BAY, FL 32907

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition Name: VIDAL, JUDITH E Name: VIDAL, JUDITH E

Address: 4461 S 25TH STREET Address: 300 VIKING STREET, NE
City-St-Zip: FORT PIERCE, FL 34981 City-St-Zip: PALM BAY, FL 32907

Title: D () Delete Title: () Change () Addition

 Name:
 BLAMIRE, JENNIFER E
 Name:

 Address:
 3152 DWARF PINE AVE.
 Address:

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 VIDAL, SCOTT E

 Address:
 Address:
 4059 NW 66TH AVENUE

 City-St-Zip:
 City-St-Zip:
 VIRGINIA GARDENS, FL 33166

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: JUDITH E. VIDAL STD 03/23/2006