

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003645

1. Entity Name

THE SPEARMAN FOUNDATION, INC.



Principal Place of Business

516 DELANNOY AVE
COCOA, FL 32922 US

Mailing Address

516 DELANNOY AVE
COCOA, FL 32922 US



01042005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3454231

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREWTON, WILBUR E
225 SOUTH ADAMS ST
SUITE 250
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPEARMAN, GUY M III
STREET ADDRESS	51 RIDGE COURT
CITY-STATE-ZIP	ROCKLEDGE, FL 32955
TITLE	SD
NAME	BREWTON, WILBUR E
STREET ADDRESS	225 SOUTH ADAMS ST, STE 250
CITY-STATE-ZIP	TALLAHASSEE, FL 32301
TITLE	TD
NAME	RUNYAN, GARY G
STREET ADDRESS	3960 S BANANA RIVER BLVD
CITY-STATE-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000176438
01/10/05-80087-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #