


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # N97000003645</b><br>1. Entity Name<br>THE SPEARMAN FOUNDATION, INC. |  |
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|---|---|
| Principal Place of Business<br>516 DELANNOY AVE<br>COCOA, FL 32922 US | Mailing Address<br>516 DELANNOY AVE<br>COCOA, FL 32922 US |
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01172007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br>59-3454231                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>BREWTON, WILBUR E<br>225 SOUTH ADAMS ST<br>SUITE 250<br>TALLAHASSEE, FL 32301 |
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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

|   |   |
|---|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SPEARMAN, GUY M III<br>51 RIDGE COURT<br>ROCKLEDGE, FL 32955              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BREWTON, WILBUR E<br>225 SOUTH ADAMS ST, STE 250<br>TALLAHASSEE, FL 32301 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>RUNYAN, GARY G<br>3960 S BANANA RIVER BLVD<br>COCOA BEACH, FL 32931       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| <p>000000604024<br/>01/29/07-80036-018 61.25</p> <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #