

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)



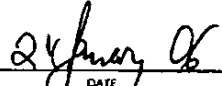
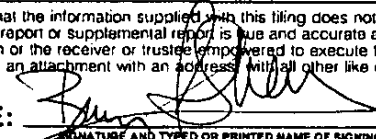
FILED
Feb 27, 2006 8:00 am
Secretary of State

02-13-2006 90028 037 ****61.25

65002033



1st MOORE CR2E037 (10/05)

DOCUMENT # N98000000957					
1. Entry Name FOUNDATION FOR RESEARCH FOR THE EVOLUTION AND ENLIGHTENMENT OF THE SPIRIT NON-PROFIT					
Principal Place of Business 12 NE 5TH AVENUE DELRAY BEACH FL 33483			Mailing Address 12 NE 5TH AVENUE DELRAY BEACH FL 33483		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0827461	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Name and Address of Current Registered Agent SHEEN, BRIAN J 12 NE 5TH AVENUE DELRAY BEACH FL 33483				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 				DATE 	
Signature typed in block 10 or 11 if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEEN, BRIAN J		NAME		
STREET ADDRESS	12 NE 5TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL 33483		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AUSTIN, SPRING		NAME		
STREET ADDRESS	12 NE 5TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL 33483		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEINSTEIN, MARILYN		NAME		
STREET ADDRESS	12 NE 5TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH FL 33483		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			24 JAN 06 5612127029		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



ATTACHMENT
660002859

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

FOUNDATION FOR RESEARCH FOR THE EVOLUTION AND ENLIGHTEN
12 NE 5TH AVENUE
DELRAY BEACH, FL 33483

Subject: **FOUNDATION FOR RESEARCH FOR THE EVOLUTION AND**

Reference Number: **N98000000957**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION