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

DOCUMENT # N98000000957



FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90114 013 ****61.25

FOUNDATION FOR RESEARCH FOR THE EVOLUTION AND ENLIGHTENMENT OF THE SPIRIT NON-PROFIT CORPORATION									
Principal Place of Business 12 NE 5TH AVENUE DELRAY BEACH, FL 33483		12 N	Mailing Address 12 NE 5TH AVENUE DELRAY BEACH, FL 33483						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				100 min 100 mi		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04202007 Ch	g-NP CR2E03	7 (12/06)	
City & State		Cit	y & State			4. FEI Number Applied For 65-0827461 Not Applicable			
Zip	Country	Zip		Country		5. Certilicate of Sta		\$8.75 Add Fee Required	
	6. Name and Address of Current	d Agent	Name		7. Name and Addr	ess of New Registered A	gent		
SHEEN, BRIAN J 12 NE 5TH AVENUE DELRAY BEACH, FL 33483					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 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, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10,	OFFICERS AND DI	RECTORS		11.	, ,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHEEN, BRIAN J 12 NE 5TH AVENUE DELRAY BEACH, FL 33483		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AUSTIN, SPRING 12 NE 5TH AVENUE DELRAY BEACH, FL 33483		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DV FEINSTEIN, MARILYN 12 NE 5TH AVENUE DELRAY BEACH, FL 33483	-	XX Delete	NAME STREET ADDRESS CITY-ST-ZIP		rive Bustani	14+ 14+ 12809 133444	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP	e e		☐ Delete	THILE NAME STHEET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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 peport 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 employered 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.									