

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001728

FILED
Jan 15, 2009
Secretary of State

Entity Name: DEUS SPES MEA FOUNDATION, INC.

Current Principal Place of Business:

2764 SUNSET POINT RD
SUITE 200
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2764 SUNSET POINT RD
SUITE 200
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, JAMES A III
5070 NORTH HWY A1A
SUITE 200
VERO BCH, FL 32963 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BABCOCK, CHARLES I III
Address: 2764 SUNSET POINT RD STE 200
City-St-Zip: CLEARWATER, FL 33759

Title: DS () Delete
Name: BABCOCK, EVELYN E
Address: 7330 LANE PARK
City-St-Zip: DALLAS, TX 75225

Title: DV () Delete
Name: BABCOCK, CALVIN H
Address: 9200 S. DADELAND BLVD STE 103
City-St-Zip: MIAMI, FL 33156

Title: DT () Delete
Name: TAYLOR, MARY B
Address: 5070 N. HWY A1A, STE 200
City-St-Zip: VERO BCH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KORI WIGGS

MGR

01/15/2009

Electronic Signature of Signing Officer or Director

Date