

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003785

FILED
Jan 21, 2005
Secretary of State

Entity Name: STRATEGIC POLICIES INSTITUTE, INC.

Current Principal Place of Business:

21 AMERICAN BLVD
ROSSVILLE, GA 30741

New Principal Place of Business:

Current Mailing Address:

21 AMERICAN BLVD
ROSSVILLE, GA 30741

New Mailing Address:

FEI Number: 65-0846005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DENMON, DREW
3989 S.W. JARMER RD
PORT ST. LUCIE, FL 34953 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: PD () Delete
Name: MURPHY, CHARLES DR.
Address: 21 AMERICAN BLVD.
City-St-Zip: ROSSVILLE, GA 30741

Title: D () Delete
Name: DEL, HAMILTON SR
Address: 7003 RIVER RUN DR
City-St-Zip: CHATTANOOGA, TN 37416

Title: D () Delete
Name: BROWN, CHAD LT
Address: 2005 W BEVERLY ST
City-St-Zip: STAUNTON, VA 24401

Title: D () Delete
Name: PRENCIPE, JIM
Address: 2014 CONCORD RD NORTH
City-St-Zip: CHATTANOOGA, TN 37421

Title: D () Delete
Name: MURPHY, RONALD
Address: 21 AMERICAN BLVD.
City-St-Zip: ROSSVILLE, GA 30741

Title: D () Delete
Name: FRANCIS, GAIL
Address: 1809 E 14TH ST
City-St-Zip: CHATTANOOGA, TN 37404

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
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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 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 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: CHARLES MURPHY

PD

01/21/2005

Electronic Signature of Signing Officer or Director

Date