

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90009 007 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000004055**

1. Corporation Name

**JAMES A. SPENCER FOUNDATION, INC.**

Principal Place of Business  
1805 NW 137TH AVE.  
PEMBROKE PINES FL 33028

Mailing Address  
1805 NW 137TH AVE.  
PEMBROKE PINES FL 33028



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/13/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-088-1745
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, DAVID  
2519 MONTEREY CT  
WESTON FL 33327

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SPENCER, JAMES A 384 MALLARD DR WESTON FL 33327	1.1 TITLE	Director
NAME		1.2 NAME	Hanna Miller
STREET ADDRESS		1.3 STREET ADDRESS	1241 NW Avenue D
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Belle Glade FL 33420
TITLE	STD SPENCER, TONYA 384 MALLARD DR WESTON FL 33327	2.1 TITLE	STD
NAME		2.2 NAME	SPENCER, TANYA
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD DAVIS, MICHELLE 2940 NW 24TH AVE FORT LAUDERDALE FL 33311	3.1 TITLE	VD
NAME		3.2 NAME	DAVIS, Michelle
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Randy Burden
STREET ADDRESS		4.3 STREET ADDRESS	PO Box 448
CITY-ST-ZIP		4.4 CITY-ST-ZIP	South Bay FL 33493
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Daniel Bythewood
STREET ADDRESS		5.3 STREET ADDRESS	1217 SW Avenue B Place
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Belle Glade, FL 33430
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	Latrell A Denise Bass
STREET ADDRESS		6.3 STREET ADDRESS	530 SW 2nd Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Belle Glade FL 33430

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tanya A. Spencer*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-99 954-214-3460  
Date Daytime Phone #

CR2E037 (5/99)