

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004169

FILED
Mar 23, 2007
Secretary of State

Entity Name: SPIRIT OF LIFE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

219 US 27 S
SEBRING, FL 33870

New Principal Place of Business:

4011 U.S. HIGHWAY 27 S.
SUITE M
SEBRING, FL 33870

Current Mailing Address:

219 US 27 S
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-1237046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TODD, JAMES H
219 US 27 S
SEBRING, FL 33870 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: D () Delete
Name: TODD, JAMES H
Address: 219 US 27 S
City-St-Zip: SEBRING, FL 33870

Title: T/S () Delete
Name: TODD, HELEN M
Address: 219 US 27 S.
City-St-Zip: SEBRING, FL 33870

Title: VP () Delete
Name: BRINES, DANIEL S
Address: 2442 LAKE LETTA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Delete
Name: RANDOLPH, JEREMY
Address: 2124 ROSELAND AVE
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TODD, JAMES H
Address: 219 US 27 S
City-St-Zip: SEBRING, FL 33870

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

Title: VP (X) Change () Addition
Name: BRINES, DANIEL S
Address: 1004 HAMMOCK ROAD
City-St-Zip: SEBRING, FL 33872

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 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: JAMES H TODD

P

03/23/2007

Electronic Signature of Signing Officer or Director

Date