FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:07

DOCUMENT # N18443 (4)

1. Corporation Name
SPIRIT LAKE COMMUNITY CHURCH INC.

Principal Place of Business	Mailing Address
2600 SPIRIT LK RD WINTER HAVEN FL 33880 US	P.O. BOX 511 EAGLE LAKE FL 33839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1986
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2750709 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SHICK, BARRY
4704 EASTON CT.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Shick Barry
82 Street Address (P.O. Box Number is Not Acceptable): 4704 Easton St.
83
84 City: Lake Wales FL 85 Zip Code: 33853

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Barry Shick 2-5-95
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	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHICK, BARRY	1.2 NAME	
STREET ADDRESS	4704 EASTON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MOSS, ELLIS	2.2 NAME	
STREET ADDRESS	5159 OLD EAGLE LAKE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAGLE LAKE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMI	3.2 NAME	
STREET ADDRESS	160 SO. 7TH	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAGLE LAKE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	CARR, ROSELLA	4.2 NAME	
STREET ADDRESS	788 SE CENTRAL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAGLE LAKE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BOMBINSKI, MICHAEL G	5.2 NAME	
STREET ADDRESS	3907 ROLLING HILLS CT EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GRINSTEAD, KATHY	6.2 NAME	
STREET ADDRESS	190 RIFLE RANGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Barry D. Shick 2-5-95 813-638-2831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087783