


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33839-0511



3. Date Incorporated or Qualified **12/24/1986** 3a. Date of Last Report **03/28/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHICK, BARRY
4707 EASTON STREET
LAKE WALES FL 33853

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

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]* DATE **3-29-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, ROSELLA A.	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 amendment with an address.

SIGNATURE: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-97 941-688-2831
Date Daytime Phone # 0053607

CR2E037 (9/96)