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May 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N18443 (4)

1. Corporation Name

SPIRIT LAKE COMMUNITY CHURCH INC.

Principal Place of Business

2800 SPIRIT LK RD
WINTER HAVEN FL 33880
US

Mailing Address

P.O. BOX 511
EAGLE LAKE FL 33839



3. Date Incorporated or Qualified

12/24/1986

4. FEI Number

59-2750709

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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

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 registering)

DATE

SPIRIT LK COMM CHURCH
PO BOX 511
EAGLE LAKE FL 33839

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME CD
STREET ADDRESS SHICK, BARRY
CITY-ST-ZIP 4704 EASTON ST.
LAKE WALES FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS MOSS, ELLIS
CITY-ST-ZIP 5150 OLD EAGLE LAKE RD.
EAGLE LAKE FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS SMITH, JAMI
CITY-ST-ZIP 100 SO. 7TH
EAGLE LAKE FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS CARR, ROSELLA A
CITY-ST-ZIP 708 SE CENTRAL AVE
EAGLE LAKE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS BOMBINSKI, MICHAEL G
CITY-ST-ZIP 3907 ROLLING HILLS CT EAST
LAKE WALES FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS GRINSTEAD, KATHY
CITY-ST-ZIP 190 RIFLE RANGE RD
BARTOW FL 33830

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Barry Shick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-98

Date

638-2831

Daytime Phone # 00000000

CR2E037 (10/97)