

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90040 040 ****61.25

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DOCUMENT # N18443

1. Corporation Name

SPIRIT LAKE COMMUNITY CHURCH INC.

Principal Place of Business

2600 SPIRIT LK RD
WINTER HAVEN FL 33880
US

Mailing Address

P.O. BOX 511
EAGLE LAKE FL 33839



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/24/1986

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

9. Name and Address of Current Registered Agent

SHICK, BARRY
4707 EASTON STREET
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name **Barry Shick**
82 Street Address (P.O. Box Number is Not Acceptable)
528 Sunshine Dr
83
84 City **Lake Wales** FL 85 Zip Code **33853**

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SHICK, BARRY	
STREET ADDRESS	4704 EASTON ST.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOSS, ELLIS	
STREET ADDRESS	5159 OLD EAGLE LAKE RD.	
CITY-ST-ZIP	EAGLE LAKE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JAMI	
STREET ADDRESS	160 SO. 7TH	
CITY-ST-ZIP	EAGLE LAKE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARR, ROSELLA A	
STREET ADDRESS	788 SE CENTRAL AVE	
CITY-ST-ZIP	EAGLE LAKE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOMBINSKI, MICHAEL G	
STREET ADDRESS	3907 ROLLING HILLS CT EAST	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRINSTEAD, KATHY	
STREET ADDRESS	190 RIFLE RANGE RD	
CITY-ST-ZIP	BARTOW FL 33830	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	528 Sunshine Dr.
14 CITY-ST-ZIP	Lake Wales, FL 33853
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Director
33 STREET ADDRESS	Monty Harrington
34 CITY-ST-ZIP	328 1st Ave N.
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Secretary/Director
53 STREET ADDRESS	Michael G. Bombinski
54 CITY-ST-ZIP	3907 Rolling Hills Ct. East
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	Lake Wales, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-99

941-638-2231

CR2E037 (11/98)