


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004116 1. Entity Name SPIRIT CHURCH, INC.	
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Principal Place of Business 4812 MIRABELLA PLACE LUTZ, FL 33558	Mailing Address P.O. BOX 341799 TAMPA, FL 33694
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01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0770277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'LEARY, TIM
4812 MIRABELLA PLACE
LUTZ, FL 33558

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP O'LEARY, TIM 4812 MIRABELLA PLACE LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC O'LEARY, MEREDITH 4812 MIRABELLA PLACE LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GROTHE, DAVID 4812 MIRABELLA PLACE LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GROTHE, BECKY 4812 MIRABELLA PLACE LUTZ, FL 33558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11000001213250
02/03/05-80060-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11. 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

1/26/05 (813) 852-1837
Date Daytime Phone #