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SPIEGELU

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90102 020 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # <b>N00000000811</b>                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                                  |  |
| 1. Entity Name<br><b>THE SPIRIT OF THE LORD<br/>MINISTRY CHURCH, INC</b>                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                                                                                                                   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                                                                                                                                   |  |
| 2. Principal Place of Business<br><b>1989 Erlene Drive</b><br>City & State<br><b>Jacksonville, Florida</b><br>Zip<br><b>32209</b>                                                                                                                                                                                                                        |                                                                                                                  | 3. Mailing Address<br><b>P.O. Box 40240</b><br>City & State<br><b>Jacksonville, FL</b><br>Zip<br><b>32203</b>                                                                     |  |
| 4. FEI Number<br><b>59-3624866</b>                                                                                                                                                                                                                                                                                                                       |                                                                                                                  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                   |  |
| 7. Name and Address of Current Registered Agent<br>Name <b>Spiegel &amp; Utrera, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>840 Coral Way, 4th Floor</b><br>City <b>FL</b> Zip Code                                                                                                                                            |                                                                                                                  |                                                                                                                                                                                   |  |
| 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent                                                                                                                                                                                                                          |                                                                                                                  |                                                                                                                                                                                   |  |
| SIGNATURE<br>Plaintiff, named or principal name of person or persons who filed the statement                                                                                                                                                                                                                                                             |                                                                                                                  | DATE                                                                                                                                                                              |  |
| FEE IS \$61.25<br>Initial or Amended UBR                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | 9. Election Campaign File<br>a. True Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>b. Make Check Payable to <b>Florida Department of State</b> |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                        | <b>President</b><br><b>Ben Mosely, Jr.</b><br><b>1989 Erlene Drive</b><br><b>Jacksonville, Florida 32209</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                        | <b>Vice President</b><br><b>CYNTHIA MOSELY</b><br><b>1989 Erlene Drive</b><br><b>Jacksonville, Florida 32209</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                        | <b>Secretary</b><br><b>Cynthia Mosely</b><br><b>1989 Erlene Drive</b><br><b>Jacksonville, FL 32209</b>           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                        | <b>Treasurer</b><br><b>Ben Mosely, Jr.</b><br><b>1989 Erlene Drive</b><br><b>Jacksonville, FL 32209</b>          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                        | <b>Director</b><br><b>Travis T. Mosely</b><br><b>1989 Erlene Drive</b><br><b>Jacksonville, FL 32209</b>          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                        |                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required attachment with an affidavit, with all other like empowered |                                                                                                                  |                                                                                                                                                                                   |  |
| SIGNATURE: <b>Ben Mosely, Jr.</b>                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | Date: <b>4/12/04</b>                                                                                                                                                              |  |

CR20037B (12/02)

Attachment

44033531

# 100000000811

## NON-PROFIT ANNUAL MEMBERS &amp; DIRECTORS MEETING WORKSHEET

Re: The Spirit of the Lord Ministry Church Inc.Corporate Address: 1989 Edline Dr Jacksonville, FL 32209Mailing Address (if different): P.O. Box 40746 Jacksonville, FL 32203Date & time of Member's Meeting: Date: Every Sun, 20 09 Time: 9:45 AM

As to ALL Members please list the following: (you may use additional sheets if needed)

| Name                  | Address                                        |
|-----------------------|------------------------------------------------|
| Example: John Doe     | 123 SW Any Street Miami, FL 33333              |
| <u>Ben Mosely</u>     | <u>1989 Edline Drive Jacksonville FL 32209</u> |
| <u>Travis Mosely</u>  | <u>1989 Edline Dr. Jacksonville, FL 32209</u>  |
| <u>Cynthia Mosely</u> | <u>1989 Edline Dr. Jacksonville, FL 32209</u>  |

Does the above information represent a change in Members during the year? ☐ Yes ☐ NoDate & time of Director's Meeting: Date: 30th of each Month, 20 09 Time: 7:00pm  
(Please note, the Meetings may take place on the same day, but not at the same time.)As to ALL Directors please list the following (You must have at least 3 Directors):  
(Indicate which director is Chairman and which shall be Secretary - one person may be both)

| Name                    | Address                                       | Title                |
|-------------------------|-----------------------------------------------|----------------------|
| Example: John Doe       | 123 SW Any Street, Miami, FL 33333            | Chairman / Secretary |
| <u>Ben Mosely, Jr.</u>  | <u>1989 Edline Dr. Jacksonville, FL 32209</u> | <u>Chairman</u>      |
| <u>Cynthia Mosely</u>   | <u>1989 Edline Dr. Jacksonville, FL 32209</u> | <u>Secretary</u>     |
| <u>Travis T. Mosely</u> | <u>1989 Edline Dr. Jacksonville, FL 32209</u> | <u>Director</u>      |
| <u>Cynthia Mosely</u>   | <u>1989 Edline Dr. Jacksonville, FL 32209</u> | <u>Director</u>      |

Year 2009 Officers of the Corporation:

(One person may be all positions. You may have as many Vice Presidents, Assistant Secretaries, and Assistant Treasurers as you desire)

|                   | Name                   | Address                                           |
|-------------------|------------------------|---------------------------------------------------|
| President         | <u>Ben Mosely, Jr.</u> | <u>1989 Edline Drive - Jacksonville, FL 32209</u> |
| Secretary         | <u>Cynthia Mosely</u>  | <u>1989 Edline Drive - Jacksonville, FL 32209</u> |
| Treasurer         | <u>Beth Mosely</u>     |                                                   |
| Vice President    | <u>Cynthia Mosely</u>  |                                                   |
| Assist. Secretary | <u>Ben Mosely, Jr.</u> |                                                   |
| Assist. Treasurer | <u>Cynthia Mosely</u>  |                                                   |

Phone number you can be reached at: (904) 374-4714 or (904) 982-4420Without any additional charge, you may include any special provision in the minutes of either the Member's, Director's or Officer's meeting. To discuss any matter which you feel should be included as a topic or resolution at either Member's, Director's or Officer's Meeting, check here ☐ and give us a daytime phone number. A Spiegel & Utrera attorney will call you to discuss the matter at no extra charge. At Spiegel & Utrera we want to help you.

Remarks: