

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000811

1. Entity Name
THE SPIRIT OF THE LORD MINISTRY CHURCH, INC.



Principal Place of Business
**1989 ERLINE DRIVE
JACKSONVILLE, FL 32209**

Mailing Address
**P.O. BOX 40246
JACKSONVILLE, FL 32203**



04232006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3624866

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
MOSELY, BEN JR
1989 ERLINE DR
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MOSELY, CYNTHIA
1989 ERLINE DR
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MOSELY, TRAVIS T
1989 ERLINE DR
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
MOSELY, BEN JR.
1989 ERLINE DR
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MOSELY, TRAVIS T
1989 ERLINE DR
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000534289
05/08/06-80006-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Date and Phone Number]
Date Daytime Phone #