

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90061 022 \*\*\*\*61.25

**DOCUMENT # N01000001043**

1. Entity Name  
**SPRING OF LIFE CHURCH OF GOD IN CHRIST, INC.**



Principal Place of Business  
**4116 N 30TH STREET  
TAMPA, FL 33610**

Mailing Address  
**4116 N 30TH STREET  
TAMPA, FL 33610**

**50062679**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08092005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3699996**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAYLORD, WILLIAM E**  
**8708 EVERGREEN CT. #C**  
**TAMPA, FL 33612**

Name **William E. Gaylord**

Street Address (P.O. Box Number is Not Acceptable)

**2664 24th Street**

City **Sarasota**

FL

Zip Code **34234**

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 **William E. Gaylord**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Will E. Gaylord 8-16-05**

**Filing Fee Is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP**  
**GAYLORD, WILLIAM E**  
**4116 N. 30TH ST.**  
**TAMPA, FL 33610** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**PERDUE, WALTER**  
**4116 N 30TH STREET**  
**TAMPA, FL 33610** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**TARPLEY, TREVENO L**  
**4116 N 30TH STREET**  
**TAMPA, FL 33610** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**BALDWIN, PHILLIP**  
**4116 N 30TH STREET**  
**TAMPA, FL 33610** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**GAINEY, REGINA E**  
**4116 N 30TH STREET**  
**TAMPA, FL 33610** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S**  
**PRIDE, LISA**  
**4116 N. 30TH ST.**  
**TAMPA, FL 33610** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☒ Change ☒ Addition  
**Sheila L. Clark**  
**4116 N. 30th St.**  
**Tampa, FL 33610**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

**8-16-05**