

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009034

Entity Name: SPIRIT PATH MINISTRIES, INC.

FILED  
May 21, 2004  
Secretary of State

## Current Principal Place of Business:

1241 LEATHERWOOD DR  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

1241 LEATHERWOOD DR  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 59-3732416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUSKEY, JOHN T  
1241 LEATHERWOOD DR  
ALTAMONTE SPRINGS, FL 32714

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete  
Name: SUSKEY, JOHN T  
Address: 1241 LEATHERWOOD DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: EVD ( ) Delete  
Name: SUSKEY, JANICE J  
Address: 1241 LEATHERWOOD DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: FVD ( ) Delete  
Name: LIGHTFOOT, BILLYE W  
Address: 680 NE 105TH LN  
City-St-Zip: ANTHONY, FL 32617

Title: SVD ( ) Delete  
Name: TURNER, RICHARD  
Address: 1617 NE 71ST LN  
City-St-Zip: OCALA, FL 34479

Title: SD ( ) Delete  
Name: HALL, GAIL  
Address: 10203 NE 100TH ST  
City-St-Zip: FT MCCOY, FL 32134

Title: TD ( ) Delete  
Name: TURNER, EVELYN  
Address: 1571 NE 71ST LN  
City-St-Zip: OCALA, FL 34479

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. SUSKEY

PRES

05/21/2004

Electronic Signature of Signing Officer or Director

Date