

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2003 8:00 am**  
**Secretary of State**

07-08-2003 90026 036 \*\*\*\*\*61.25

**DOCUMENT # N01000009034**

1. Entity Name

**SPIRIT PATH MINISTRIES, INC.**



Principal Place of Business

**2685 SE 36TH ST  
OCALA FL 34471**

Mailing Address

**2685 SE 36TH ST  
OCALA FL 34471**

2. Principal Place of Business

**1241 LEATHERWOOD DR.**

3. Mailing Address

**1241 LEATHERWOOD DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ALTAMONTE SPRINGS, FL.**

City & State

**ALTAMONTE SPRINGS, FL.**

Zip

**32714**

Country

**USA**

Zip

**32714**

Country

**USA**

4. FEI Number **59-3732416**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SUSKEY, JANICE J  
2685 SE 36TH ST  
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name **JOHN T. SUSKEY**

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

**1241 LEATHERWOOD DR.**

City

**ALTAMONTE SPRINGS**

FL

Zip Code

**32714**

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

*John T. Suskey*  
Signature, typed or printed name of registered agent and title if applicable.

**JOHN T. SUSKEY PRESIDENT**

**7-2-2003**

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CPD	<input type="checkbox"/> Delete
NAME	SUSKEY, JOHN T	
STREET ADDRESS	2685 SE 36TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	SUSKEY, JANICE J	
STREET ADDRESS	2685 SE 36TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	FVD	<input type="checkbox"/> Delete
NAME	LIGHTFOOT, BILLYE W	
STREET ADDRESS	680 NE 105TH LN	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	TURNER, RICHARD	
STREET ADDRESS	1617 NE 71ST LN	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, GAIL	
STREET ADDRESS	10203 NE 100TH ST	
CITY-ST-ZIP	FT MCCOY FL 32134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TURNER, EVELYN	
STREET ADDRESS	1571 NE 71ST LN	
CITY-ST-ZIP	OCALA FL 34479	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1241 LEATHERWOOD DR</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL. 32714</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1241 LEATHERWOOD DR.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL. 32714</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John T. Suskey* **JOHN T. SUSKEY** 7-2-2003 407/682-0808

CR2E037 (10/02)