

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000818

FILED
Apr 27, 2009
Secretary of State

Entity Name: SPIRIT LIFE WORSHIP MINISTRIES, INC.

Current Principal Place of Business:

4721 E. MOODY BLVD
UNIT 201, 202, 203
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P O BOX 352225
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 02-0540066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESROCHES, MICHAEL J PASTOR
220 BIRCHWOOD DR
PALM COAST, FL 32137 US

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: D () Delete
Name: FINGLAND, MARCIA D
Address: 59 RIVERSEDGE LANE
City-St-Zip: PALM COAST, FL 32137

Title: PD () Delete
Name: DESROCHES, MICHAEL J PD
Address: 220 BIRCHWOOD DR.
City-St-Zip: PALM COAST, FL 32137

Title: VSTD () Delete
Name: DESROCHES, ANITA F VSTD
Address: 220 BIRCHWOOD DR.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: CELLINI, NANCY A D
Address: 6 LYTTON LANE
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: CANELLI, PAULA S
Address: 44 FORRESTER PLACE
City-St-Zip: PALM COAST, FL 32137

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BARBARA, LATOURELLE
Address: 1 JULIP LANE
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL J. DESROCHES

PD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date