


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------------------|---|--|--|
| DOCUMENT # N02000001024 1. Entity Name SPIRIT OF LIFE FOR ALL PEOPLE MINISTRIES, INC. | | | |  | |
| Principal Place of Business 6372 BROAD ST BROOKSVILLE FL 34601 | | | Mailing Address 826 SCHOOL HOUSE ST. BROOKSVILLE FL 34601 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 30-0049858 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BENJAMIN, BRYON 826 SCHOOL HOUSE ST. BROOKSVILLE FL 34601 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY- ST- ZIP | PTD BENJAMIN, BYRON 826 SCHOOL HOUSE ST BROOKSVILLE FL 34601 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VTD BENJAMIN, IDELLA 826 SCHOOL HOUSE ST BROOKSVILLE FL 34601 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD MATHIS, JONATHAN 826 SCHOOL HOUSE ST BROOKSVILLE FL 34601 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD MATHIS, JOEL 826 SCHOOL HOUSE ST BROOKSVILLE FL 34601 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | TD BENJAMIN, SEAN J 826 SCHOOL HOUSE ST BROOKSVILLE FL 34601 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Byron S. Benjamin + BYRON S. BENJAMIN PRESIDENT 1-21-2005 352-796-*