

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

30-0049858

Applied For

Not Applicable

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

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when revisiting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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: PTD ☐ Delete
NAME: BENJAMIN, BYRON
STREET ADDRESS: 826 SCHOOL HOUSE ST
CITY-ST-ZIP: BROOKSVILLE FL 34601

TITLE: VTD ☐ Delete
NAME: BENJAMIN, IDELLA
STREET ADDRESS: 826 SCHOOL HOUSE ST
CITY-ST-ZIP: BROOKSVILLE FL 34601

TITLE: TD ☐ Delete
NAME: MATHIS, JONATHAN
STREET ADDRESS: 826 SCHOOL HOUSE ST
CITY-ST-ZIP: BROOKSVILLE FL 34601

TITLE: TD ☐ Delete
NAME: MATHIS, JOEL
STREET ADDRESS: 826 SCHOOL HOUSE ST
CITY-ST-ZIP: BROOKSVILLE FL 34601

TITLE: TD ☐ Delete
NAME: BENJAMIN, SEAN J
STREET ADDRESS: 826 SCHOOL HOUSE ST
CITY-ST-ZIP: BROOKSVILLE FL 34601

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP: **000000406221**
02/07/06-80080-008-70.00

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Bryon Benjamin* **BRYON S. BENJAMIN, PRESIDENT 1-25-2006 352-796-0391**