

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

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 BENJAMIN, BRYON 826 SCHOOL HOUSE ST. BROOKSVILLE FL 34601	
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7. Name and Address of New Registered Agent	
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. (Applicable to: (NOTE: New station Agent signature must be filed with this statement.)	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000797799 01/30/08-80003-002 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENJAMIN, IDELLA 826 SCHOOL HOUSE ST BROOKSVILLE FL 34601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATHIS, JONATHAN 826 SCHOOL HOUSE ST BROOKSVILLE FL 34601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATHIS, JOEL 826 SCHOOL HOUSE ST BROOKSVILLE FL 34601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENJAMIN, SEAN J 826 SCHOOL HOUSE ST BROOKSVILLE FL 34601 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 & Rudons BENJAMIN PRESIDENT* **1-23-08** **352-796-0391**