

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001024

FILED
Jan 06, 2009
Secretary of State

Entity Name: SPIRIT OF LIFE FOR ALL PEOPLE MINISTRIES, INC.

Current Principal Place of Business:

6372 BROAD ST
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

826 SCHOOL HOUSE ST.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 30-0049858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENJAMIN, BRYON
826 SCHOOL HOUSE ST.
BROOKSVILLE, FL 34601 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: PTD () Delete
Name: BENJAMIN, BYRON
Address: 826 SCHOOL HOUSE ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: VTD () Delete
Name: BENJAMIN, IDELLA
Address: 826 SCHOOL HOUSE ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: TD () Delete
Name: MATHIS, JONATHAN
Address: 826 SCHOOL HOUSE ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: TD () Delete
Name: MATHIS, JOEL
Address: 826 SCHOOL HOUSE ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: TD () Delete
Name: BENJAMIN, SEAN J
Address: 826 SCHOOL HOUSE ST
City-St-Zip: BROOKSVILLE, FL 34601

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:

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: BYRON S BENJAMIN

PTD

01/06/2009

Electronic Signature of Signing Officer or Director

Date