2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002351

Entity Name: SPIRIT-FILLED LIFE FULL GOSPEL CHURCH, INC.

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5402 WINTER GARDEN PKWY FT PIERCE, FL 34951				5402 WINTER GARDEN PKWY FT PIERCE, FL 34951 US			
Current Mailing Address:				New Mailing Address:			
5402 WINTER GARDEN PKWY FT PIERCE, FL 34951			P.O. BOX 9501 PORT ST. LUCIE, FL 34985				
FEI Number:	71-0868552	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired	(X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NEWSOME, NATHANIEL 5402 WINTER GARDEN PKWY FT PIERCE, FL 34951 US				NEWSOME, NATHANIEL PASTOR 5402 WINTER GARDEN PKWY FT PIERCE, FL 34951 US			
The above in the State		bmits this statement for the pu	rpose o	f changing it	s registered of	ffice or registered agent, or	r both,
SIGNATURE: PASTOR NATHANIEL NEWSOME				04/07/2005			
	Electronic	Signature of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () E NEWSOME, NATI 5402 WINTER GA FT PIERCE, FL	ARDEN PKWY		Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	VD () E NEWSOME, VALI 5402 WINTER GA FT PIERCE, FL	ARDEN PKWY		Title: Name: Address: City-St-Zip:	VD (X) NEWSOME, VA 5402 WINTER C FT PIERCE, FL	GARDEN PKWY	
Title: Name: Address: City-St-Zip:	D ()E HODGE, KERI 7702 SAN CARLO FORT PIERCE, F			Title: Name: Address: City-St-Zip:	S (X) WILLIAMS, VER 2040 COLONIAI FORT PIERCE,	L AVE	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	TR () WILLIAMS, FRA 2040 COLONIAI FORT PIERCE,	L AVE	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	PERLOTE, DEV	ARDEN PARKWAY	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	KIM, WOLFF	Change (X) Addition DENROD ROAD APT # 207 H, FL 34957 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PASTOR NATHANIEL NEWSOME D 04/07/2005