

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002351

FILED  
Mar 29, 2011  
Secretary of State

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

**Current Principal Place of Business:**

788 BENT CREEK BLVD  
FT PIERCE, FL 34947 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9501  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

788 BENT CREEK BLVD  
FT PIERCE, FL 34947 US

**FEI Number:** 71-0868552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWSOME SR., NATHANIEL PASTOR  
788 BENT CREEK BLVD  
FT PIERCE, FL 34947 US

**Name and Address of New Registered Agent:**

NEWSOME, NATHANIEL PASTOR  
788 BENT CREEK BLVD  
FT PIERCE, FL 34947 US

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: NATHANIEL NEWSOME

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NEWSOME SR., NATHANIEL PASTOR  
Address: 788 BENT CREEK BLVD  
City-St-Zip: FT PIERCE, FL 34947 US

Title: AD  
Name: NEWSOME, VALENCIA L CO PAST  
Address: 788 BENT CREEK BLVD  
City-St-Zip: FT PIERCE, FL 34947 US

Title: O  
Name: LEE, CAPRONA  
Address: 437 SW DAHLED AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: O  
Name: TUKES, DEVON M O  
Address: 2050 OLEANDER AVE UNIT 10-207  
City-St-Zip: FORT PIERCE, FL 34950 US

I hereby 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 all other like empowered.

SIGNATURE: NATHANIEL NEWSOME

D

03/29/2011

Electronic Signature of Signing Officer or Director

Date