

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003929

FILED
Jan 08, 2007
Secretary of State

Entity Name: SPIRIT OF LIFE MINISTRIES, ORLANDO, INC.

Current Principal Place of Business:

906 S ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

906 S ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Mailing Address:

FEI Number: 04-3669740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDGWAY SR., GARY P PASTOR
906 SOUTH ORANGE BLOSSOM TRAIL.
APOPKA, FL 32703 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: PCT () Delete
Name: RIDGWAY, GARY P SR.
Address: 4507 PLYMONT SORRENTO RD
City-St-Zip: APOPKA, FL 32712

Title: VM () Delete
Name: VELAZQUEZ, LIBERTAD
Address: 7718 LAKE ANDREA CIR.
City-St-Zip: MOUNT DORA, FL 32757

Title: SD () Delete
Name: RIDGWAY, MILDRED
Address: 4507 PLYMONT SORRENTO RD.
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: NOBLES, RAY
Address: 672 TRAILWOOD DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: MORLEY, TERRY
Address: 3427 GLEAVES CT.
City-St-Zip: APOPKA, FL 32703

Title: T () Delete
Name: MAINS, LEE
Address: BILL POT DR.
City-St-Zip: APOPKA, FL 32703

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LIBERTAD VELAZQUEZ

VM

01/08/2007

Electronic Signature of Signing Officer or Director

Date