2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 30, 2009
Secretary of State

DOCUMENT# N02000003929

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: 6758 ONEIDA DR
City-St-Zip: MT. DORA, FL 32757

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

Title: SD ( ) Delete
Name: MESSERSCHMITT, NATALIE
Address: 3614 BENITO JUAREZ CIRCLE
City-St-Zip: APOPKA, FL 32712

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

Title: T (X) Delete
Name: DEMAYO, ETHON
Address: 6750 ONEIDA DR.
City-St-Zip: MT. DORA, FL 32757

Title: T ( ) Delete
Name: JOHNSON, RICKEY
Address: 2007 PICNIC LANE
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 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: GARY P. RIDGWAY SR. PCT 11/30/2009
Electronic Signature of Signing Officer or Director — Date