


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90022 022 \*\*\*\*61.25

|  |   |
|--|---|
| DOCUMENT # N03000002893                                      |  |
| 1. Entity Name<br>SPIRIT-FOCUS INTERNATIONAL MINISTRIES INC. |   |

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|---|--|
| Principal Place of Business<br>912 ROBERTS ROAD<br>LAKE HAMILTON FL 33851 | Mailing Address<br>2808 SHUMARD<br>WINTER HAVEN FL 33880 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><i>Howard Johnson Hotel</i> | 3. Mailing Address<br><i>2808 Shumard St.</i> |
| Suite, Apt. #, etc.<br><i>July 27</i>   | Suite, Apt. #, etc.                           |
| City & State<br><i>Haines City, FL</i>  | City & State<br><i>Winter Haven, FL</i>       |
| Zip<br><i>33844</i>   | Zip<br><i>33881</i>                           |
| Country<br><i>US</i>  | Country<br><i>US</i>                          |

1st MOORE CR2E037 (10/06)

|  |  |
|--|--|
| 4. FEI Number<br>51-0455740  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

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|---|--|
| 6. Name and Address of Current Registered Agent<br><br>ANGLIN, ERIC<br>2808 SHUMARD ST<br>WINTER HAVEN FL 33880 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eric Anglin Pastor* (NOTE: Registered Agent signature required when reinstating) DATE

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|--|---|--|
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Florida Department of State |
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| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>ANGLIN, ERIC<br>2808 SHUMARD STREET<br>WINTER HAVEN FL 33880 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>ANGLIN, JAMERA<br>2808 SHUMARD STREET<br>WINTER HAVEN FL 33880 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HAMILTON, TIFFANY L<br>303 S. 1ST STREET<br>HAINES CITY FL 33844 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>WILLIAMS, NATASHA M<br>1250 AVE. H<br>HAINES CITY FL 33844 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eric Anglin* 4/30/07 (863) 852-5018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR