

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010158

FILED
Mar 06, 2005
Secretary of State

Entity Name: SPIRIT OF LIFE LUTHERAN CHURCH, INC.

Current Principal Place of Business:

604-7 NEW BERLIN ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

604-7 NEW BERLIN ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 03-0395711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINGE, THOMAS A
604-7 NEW BERLIN ROAD
JACKSONVILLE, FL 32218 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: MR () Delete
Name: BEN, WILSON
Address: 5888 DUNN AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: MR () Delete
Name: BOB, MASCULINE
Address: 4781 LANNIE RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: MRS () Delete
Name: DEE, CRAWLEY
Address: 1836 RATLIFF RD
City-St-Zip: CALLAHAN, FL 32011

Title: MR () Delete
Name: COLLINGE, THOMAS A
Address: 1974 NORTH RIVER BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: MRS () Delete
Name: CROSS, ELLEN S
Address: 8745 BURKHALL ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: MR (X) Delete
Name: PAUL, SPIELMAN
Address: 1250 GUM LEAF RD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: BERRY, CHARLIE
Address: 11354 EMUNESS
City-St-Zip: JACKSONVILLE, FL 32218

Title: MR (X) Change () Addition
Name: STEVE, KILPATRICK
Address: 35232 GOODBREAD RD
City-St-Zip: CALLAHAN, FL 32011

Title: MR (X) Change () Addition
Name: JOE, NORDENG
Address: 9833 CARBONDALE DR. W
City-St-Zip: JACKSONVILLE, FL 32208

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 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: TOM COLLINGE

S

03/06/2005

Electronic Signature of Signing Officer or Director

Date