2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007
Secretary of State

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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:

KILPATRICK, STEPHEN A
604-7 NEW BERLIN ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

WILSON, BEN P
604-7 NEW BERLIN ROAD
JACKSONVILLE, FL 32218 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: BEN P. WILSON 03/01/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MR ( ) Delete
Name: KILPATRICK, STEPHEN A
Address: 35232 GOODBREAD RD
City-St-Zip: CALLAHAN, FL 32011

Title: MR ( ) Delete
Name: SILAS, JONES
Address: 3038 RIBALT SC. DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: MS. ( ) Delete
Name: MALLARD, BETTY
Address: 11432 INEZ DR.
City-St-Zip: JACKSONVILLE, FL 32218

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SPELLMAN, PAUL
Address: 1250 GUN LEAF ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: V.P. (X) Change ( ) Addition
Name: BECK, TOM
Address: 11223 VERA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TREA (X) Change ( ) Addition
Name: MALLARD, BETTY
Address: 11432 INEZ DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC (X) Change ( ) Addition
Name: PAULSEN, STEVE
Address: FOREST CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

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: BEN P. WILSON R A 03/01/2007
Electronic Signature of Signing Officer or Director — Date