2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010158

Title:

Name:

Address:

City-St-Zip:

REV

CROSS, ELLEN S

8745 BURKHALL ST

JACKSONVILLE, FL 32211

() Delete

Entity Name: SPIRIT OF LIFE LUTHERAN CHURCH, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
604-7 NEW BERLIN ROAD JACKSONVILLE, FL 32218				2636 NEW BERLIN ROAD JACKSONVILLE, FL 32226			
Current Mailing Address:				New Mailing Address:			
604-7 NEW BERLIN ROAD JACKSONVILLE, FL 32218				2636 NEW BERLIN ROAD JACKSONVILLE, FL 32226			
FEI Number:	03-0395711	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
WILSON, BEN P 604-7 NEW BERLIN ROAD JACKSONVILLE, FL 32218 US				WILSON, BEN P 2636 NEW BERLIN ROAD JACKSONVILLE, FL 32226 US			
The above in the State		bmits this statement for the p	ourpose of	changing it	s registered	d office or registered agent, or both,	
SIGNATURE:				04/20/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () D BECK, TOM 11223 VERA DR JACKSONVILLE,	IVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V.P. () D BREWER, BILL 3310 CAPPER F JACKSONVILLE,			Title: Name: Address: City-St-Zip:	V.P. MEZZANO, ¹ 1428 BRETT JACKSONVI		
Title: Name: Address: City-St-Zip:	SEC () D PAULSEN, STEVE 637 TREE SWAI JACKSONVILLE,	LLOW COURT		Title: Name: Address: City-St-Zip:	SEC CHAPPELL, 3408 BESSE JACKSONVI		
Title: Name: Address: City-St-Zip:	TREA () D PAULSEN, STEVE 637 TREE SWAI JACKSONVILLE,	LLOW COURT		Title: Name: Address: City-St-Zip:	TREA BECK, LYNN 11223 VERA		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LYNN BECK TREA 04/20/2009

() Change () Addition