

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000540

FILED
Apr 29, 2005
Secretary of State

Entity Name: SPIRIT LIFE MINISTRIES, INC.

Current Principal Place of Business:

1613 HIGH CT. SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

228 AVE C SW
WINTER HAVEN, FL 33880

Current Mailing Address:

1613 HIGH CT. SW
WINTER HAVEN, FL 33880

New Mailing Address:

PO BOX 7611
WINTER HAVEN, FL 33883

FEI Number: 20-0535890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARSHALL, JARVIS
1613 HIGH CT. SW
WINTER HAVEN, FL 33880 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: CD () Delete
Name: MARSHALL, JARVIS
Address: 1613 HIGH CT. SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: WIGGINS, BRIAN
Address: 5640 STRUTHERS CT.
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: MARSHALL, MELIESA
Address: 424 TOWER POINT CT.
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MCCOY, CRYSTAL
Address: 6546 CREWS VUE LOOP
City-St-Zip: LAKELAND, FL 33813

Title: SD (X) Change () Addition
Name: WIGGINS, DOROTHY
Address: 5640 STRUTHERS CT
City-St-Zip: WINTER HAVEN, FL 33884

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: JARVIS MARSHALL

CD

04/29/2005

Electronic Signature of Signing Officer or Director

Date