

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000540

FILED
Apr 10, 2008
Secretary of State

Entity Name: SPIRIT LIFE MINISTRIES, INC.

Current Principal Place of Business:

228 AVE C SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

PO BOX 7611
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 20-0535890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: MCCOY, CRYSTAL
Address: 6546 CREWS VUE LOOP
City-St-Zip: LAKELAND, FL 33813

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JARVIS MARSHALL

CD

04/10/2008

Electronic Signature of Signing Officer or Director

Date