
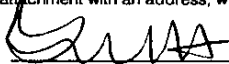


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90141 011 ****70.00

DOCUMENT # N04000009708 1. Entity Name SPIRIT MINISTRY, INC.					
Principal Place of Business P.O. BOX 700432 MIAMI, FL 33170				Mailing Address P.O. BOX 700432 MIAMI, FL 33170	
2. Principal Place of Business 10711 SW 216 ST				3. Mailing Address P.O. Box 700432	
Suite, Apt. #, etc. 102				Suite, Apt. #, etc. 	
City & State MIAMI, FL				City & State MIAMI, FL	
Zip 33170		Country USA		4. FEI Number 20-1768378	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENRY, EUNICE 22346 SW 103 CT. MIAMI, FL 33190				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME HENRY, EUNICE STREET ADDRESS 22346 SW 103 CT. CITY-ST-ZIP MIAMI, FL 33190	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME RICHARDSON, JENIFER STREET ADDRESS 14830 SW 149TH AVE. CITY-ST-ZIP MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE S NAME HENRY, EUNICE STREET ADDRESS 22346 SW 103 CT CITY-ST-ZIP MIAMI, FL 33190	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME PRICE, MATTHEW STREET ADDRESS 13963 SW 153 TERR. CITY-ST-ZIP MIAMI, FL 33177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HENRY, CHARLES STREET ADDRESS 22346 SW 103 CT. CITY-ST-ZIP MIAMI, FL 33190	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  EUNICE HENRY			8/29/05 (305)300-0108		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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08312005 Chg-NP CR2E037 (10/03)