2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007119

FILED Apr 29, 2006 Secretary of State

Entity Name: SPIRIT LIFE HARVEST CHURCH OF TAMPA BAY, INC.

Current Principal Place of Business:		New Principal Place of Business:	
598 BUCKINGHAM AVE. WEST OLDSMAR, FL 34677		3172 WESSEX WAY CLEARWATER, FL 33761	
Current Mailing Address:		New Mailing Address:	
598 BUCKINGHAM AVE. WEST OLDSMAR, FL 34677		PO BOX 1572 OLDSMAR, FL 34677	
FEI Number: 20-3205802	FEI Number Applied For () FEI Nu	ımber Not Appl	licable () Certificate of Status Desired (X)
Name and Address o	of Current Registered Agent:	Name and	Address of New Registered Agent:
SULLIVAN, BARRY 598 BUCKINGHAM AVE. WEST OLDSMAR, FL 34677 US		SULLIVAN, BARRY 3172 WESSEX WAY CLEARWATER, FL 33761 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:			04/29/2006
Elect	tronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition SULLIVAN, BARRY 3172 WESSEX WAY CLEARWATER, FL 33761
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition SULLIVAN, TRACY 3172 WESSEX WAY CLEARWATER, FL 33761
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HOPE, KEN 1015 SANDY TERRACE COURT PORT ORANGE, FL 32119
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition YONTA, EMILIO 4319 SOUTH RIDGEWOOD AVE PORT ORANGE, FL 32127
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition BENIGAS, TOM 1735 EAST MAIN STREET LAKELAND, FL 33801

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: BARRY SULLIVAN P 04/29/2006