

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007119

FILED  
Aug 08, 2007  
Secretary of State

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

**Current Principal Place of Business:**

3172 WESSEX WAY  
CLEARWATER, FL 33761

**New Principal Place of Business:**

15904 RACE TRACK RD.  
ODESSA, FL 33556

**Current Mailing Address:**

PO BOX 1572  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 20-3205802      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SULLIVAN, BARRY  
3172 WESSEX WAY  
CLEARWATER, FL 33761      US

**Name and Address of New Registered Agent:**

SULLIVAN, BARRY  
15904 RACE TRACK RD.  
ODESSA, FL 33556      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: \_\_\_\_\_

08/08/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SULLIVAN, BARRY  
Address: 3172 WESSEX WAY  
City-St-Zip: CLEARWATER, FL 33761

Title: D      ( ) Delete  
Name: SULLIVAN, TRACY  
Address: 3172 WESSEX WAY  
City-St-Zip: CLEARWATER, FL 33761

Title: D      ( ) Delete  
Name: HOPE, KEN  
Address: 1015 SANDY TERRACE COURT  
City-St-Zip: PORT ORANGE, FL 32119

Title: D      ( ) Delete  
Name: YONTA, EMILIO  
Address: 4319 SOUTH RIDGEWOOD AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D      ( ) Delete  
Name: BENIGAS, TOM  
Address: 1735 EAST MAIN STREET  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: SULLIVAN, BARRY  
Address: 15904 RACE TRACK RD.  
City-St-Zip: ODESSA, FL 33556

Title: D      (X) Change ( ) Addition  
Name: SULLIVAN, TRACY  
Address: 15904 RACE TRACK RD.  
City-St-Zip: ODESSA, FL 33556

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: TRACY SULLIVAN

D

08/08/2007

Electronic Signature of Signing Officer or Director

Date