

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 DEC 26 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BSC

DOCUMENT # N05000011039

1. Entity Name
SPIRIT OF CHRIST LUTHERAN CHURCH, INC.



Principal Place of Business
145 SW SWEETBREEZE DR.
LAKE CITY, FL 32024

Mailing Address
145 SW SWEETBREEZE DR.
LAKE CITY, FL 32024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162006

Chg-NP

CR2E037 (4/06)

4. FEI Number
20-3893280

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL, RELLA
306 SW GEORGIA GLEN
FT. WHITE, FL 32038

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Daniel Rella - President

12-5-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME DANIEL, RELLA
STREET ADDRESS 306 SW GEORGIA GLEN
CITY-ST-ZIP FT. WHITE, FL 32038 PRESIDENT

TITLE ☐ Change ☐ Addition
NAME 70008254917?
STREET ADDRESS 12/14/06--01042--007 **70.00
CITY-ST-ZIP

TITLE T ☒ Delete
NAME DIANE, HOLBROOK
STREET ADDRESS 215 NW FAIRWAY HILLS GLEN #17
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Change ☒ Addition
NAME MICHAEL CUSHMAN
STREET ADDRESS 301 SW TALL PINE CT
CITY-ST-ZIP LAKE CITY, FL 32024 TREASURER

TITLE VP ☐ Delete
NAME JAMES, BEZAIRE REV.
STREET ADDRESS 343 SW HUDSON LN. #101
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☒ Change ☐ Addition
NAME JAMES BEZAIRE, REV.
STREET ADDRESS 145 SW SWEETBREEZE DR.
CITY-ST-ZIP LAKE CITY, FL 32024 PASTOR

TITLE S ☒ Delete
NAME CHRISTENSEN, DONALD
STREET ADDRESS 157 SW INWOOD CT
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Change ☒ Addition
NAME BARBARA PATTERSON
STREET ADDRESS 691 SW WHITETAIL CIRCLE
CITY-ST-ZIP LAKE CITY, FL 32024 SECRETARY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

James R. Bezaire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/21/06 386-752,3807