

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011039	
1. Entity Name SPIRIT OF CHRIST LUTHERAN CHURCH, INC.	
Principal Place of Business 145 SW SWEETBREEZE DR LAKE CITY, FL 32024 US	Mailing Address 145 SW SWEETBREEZE DR LAKE CITY, FL 32024 US



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3893280	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent RELLA, DANIEL W 306 SW GEORGIA GLEN FT WHITE, FL 32038

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RELLA, DANIEL W 306 SW GEORGIA GLEN FT WHITE, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUSHMAN, MICHAEL 301 SW TALL PINE CT LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST BEZAIRE, JAMES R 145 SW SWEETBREEZE DR LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTERSON, BARBARA 691 SW WHITETAIL CIRCLE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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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 CHIEF OFFICER OR DIRECTOR

1/15/07
Date

386-752-3807
Daytime Phone #