

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90001 047 \*\*\*\*61.25

**DOCUMENT # N06000001116**

1. Entity Name  
S.P.I.R.I.T. AND L.O.V.E. OUTREACH MINISTRIES, INC.



Principal Place of Business  
P.O. BOX 951  
WILDWOOD, FL 34785

Mailing Address  
P.O. BOX 951  
WILDWOOD, FL 34785

**60044504**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
02-0769089

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

BAKER, GENE  
5901 NW 56TH TERR.  
OCALA, FL 34482

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

Gene Baker

June 12, 2008

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
BAKER, GENE  
5901 NW 56 TERR.  
OCALA, FL 34482 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
WALTER, MARISENE  
P.O. BOX 541  
CENTERHILL, FL 33514 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
ROSE, SONYA  
P.O. BOX 1194  
WILDWOOD, FL 34785 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
Gloria Green  
1306 S.W. 6th ST.  
OCALA, FL 34471 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
WEAVER, ROSALIND  
208 JACKSON ST.  
WILDWOOD, FL 34785 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
Geneva Clark  
1311 E 95th 32nd Ave.  
Tampa, FL 33603 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BEARD, ANNETTE  
300 PITT ST.  
WILDWOOD, FL 34785 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Brenda Mathwes  
P.O. Box 1551  
WILDWOOD, FL 34785 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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:

Gene Baker / D.P.

June 12, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #