

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001116

FILED
May 12, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 951
WILDWOOD, FL 34785

New Principal Place of Business:

5901 N.W. 56TH TERR.
OCALA, FL 34482

Current Mailing Address:

P.O. BOX 951
WILDWOOD, FL 34785

New Mailing Address:

5901 N. W. 56TH TERR.
OCALA, FL 34482

FEI Number: 02-0769089 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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BAKER, GENE
Address: 5901 NW 56 TERR.
City-St-Zip: OCALA, FL 34482

Title: DV () Delete
Name: WALTER, MARISENE
Address: P.O. BOX 541
City-St-Zip: CENTERHILL, FL 33514

Title: T () Delete
Name: GREEN, GLORIA
Address: 1306 SW 6TH ST
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: CLARK, GENEVA
Address: 1311 EAST 32ND AVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: MATHWES, BRENDA
Address: PO BOX 1551
City-St-Zip: WILDWOOD, FL 34785

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: BAKER, GENE
Address: 5901 N.W.56TH TERR
City-St-Zip: OCALA, FL 34482

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: GENE BAKER

D

05/12/2009

Electronic Signature of Signing Officer or Director

Date