2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N06000010288

Entity Name: SPIRIT FILLED CHRISTIAN LIFE CENTER, INC.

Current Principal Place of Business:

2020 PALM BAY RD NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 101263
PALM BAY, FL 32910

New Mailing Address:

FEI Number: 76-0839463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAGUERRE, ALLAIN
1696 LA MADERIA DR SW
PALM BAY, FL 32908 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:	PD	( ) Delete
Name:	LAGUERRE, ALLAIN	
Address:	1696 LA MADERIA DR SW	
City-St-Zip:	PALM BAY, FL 32908	
Title:	VPD	( ) Delete
Name:	LAGUERRE, CARLINE	
Address:	1696 LA MADERIA DR SW	
City-St-Zip:	PALM BAY, FL 32908	
Title:	TD	( ) Delete
Name:	VINCENT, NATACHA	
Address:	1737 LA MADERIA DR SW	
City-St-Zip:	PALM BAY, FL 32908	
Title:	STD	( ) Delete
Name:	FABRE, GEORGE SR.	
Address:	4072 INVERRARY DR	
City-St-Zip:	LAUDERHILL, FL 33319	

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:	STD	(X) Change ( ) Addition
Name:	MICHEL, DOMINIQUE	
Address:	587 MACON ST SW	
City-St-Zip:	PALM BAY, FL 32908	

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: ALLAIN LAGUERRE P 04/24/2009

Electronic Signature of Signing Officer or Director — Date