

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000285

FILED
Jan 16, 2009
Secretary of State

Entity Name: SPIRITFILLED LIFE MULTIFUNCTIONAL SERVICE CENTER, INC.

Current Principal Place of Business:

788 BENT CREEK BLVD.
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 9501
PORT ST. LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 20-8386442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, NATHANIEL
788 BENT CREEK BLVD
FT. PIERCE, FL 34947 US

Name and Address of New Registered Agent:

NEWSOME, NATHANIEL SR.
788 BENT CREEK BLVD
FT. PIERCE, FL 34947 US

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: NATHANIEL NEWSOME SR.

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEWSOME, NATHANIEL DIRECTO
Address: 788 BENT CREEK BLVD
City-St-Zip: FORT PIERCE, FL 34947

Title: ASST () Delete
Name: NEWSOME, VALENCIA L ASST. D
Address: 788 BENT CREEK BLVD
City-St-Zip: FORT PIERCE, FL 34947

Title: ASST () Delete
Name: WILLIAMS, FRANK ASST
Address: 5825 SPANISH RIVER ROAD
City-St-Zip: FORT PIERCE, FL 34951 US

Title: O () Delete
Name: WILLIAMS, VERA
Address: 5825 SPANISH RIVER ROAD
City-St-Zip: FORT PIERCE, FL 34951 US

Title: SEC () Delete
Name: NELOM, KEN SEC
Address: 609 A MAPLE AVE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: AS () Delete
Name: PERLOTE, DEVON M SEC
Address: 609 A MAPLE AVE
City-St-Zip: FORT PIERCE, FL 34982 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NEWSOME SR., NATHANIEL DIRECTO
Address: 788 BENT CREEK BLVD
City-St-Zip: FORT PIERCE, FL 34947

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

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

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: NATHANIEL NEWSOME SR.

DIRE

01/16/2009

Electronic Signature of Signing Officer or Director

Date