

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000285

FILED
Mar 29, 2011
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:

788 BENT CREEK BLVD
FORT PIERCE, FL 34947 US

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 SR.
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.

03/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: O
Name: LEE, CAPRONA
Address: 437 SW DAHLED AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: O
Name: TUKES, DEVON M
Address: 2050 OLEANDER AVE UNIT 10-207
City-St-Zip: FORT PIERCE, FL 34950 US

I hereby 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 all other like empowered.

SIGNATURE: NATHANIEL NEWSOME SR.

D

03/29/2011

Electronic Signature of Signing Officer or Director

Date