

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000285

**FILED**  
**Apr 26, 2012**  
**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:**

788 BENT CREEK BLVD  
FORT PIERCE, FL 34947 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 SR  
788 BENT CREEK BLVD  
FT. PIERCE, FL 34947 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:** 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

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

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date