FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16917** **(9)**

1. Corporation Name

SPIRIT OF LIFE METROPOLITAN COMMUNITY CHURCH, IN C.

Principal Place of Business	Mailing Address
4810 MILE STRETCH DR HOLIDAY FL 34690 US	4810 MILE STRETCH DR HOLIDAY FL 34690 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7094543 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIDDEN, ANDY T REV
3744 PARKWAY BLVD
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☑ Change ☐ Addition
NAME	SIDDEN, ANDY T	1.2 NAME	SIDDEN, Andy T.	
STREET ADDRESS	3154 32ND AVE. N.	1.3 STREET ADDRESS	3744 Parkway Blvd.	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Land O'Lakes, Fl.	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	HODGES, CYNTHIA L	2.2 NAME	Hodges, Cynthia L.	
STREET ADDRESS	380 BAYSHORE BLVD #107	2.3 STREET ADDRESS	4401 Plaza Dr., B-308	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Holiday, Fl.	
TITLE	DS	3.1 TITLE	DS	☐ Change ☑ Addition
NAME	EMANUELS, SELESS	3.2 NAME	Thomas, George E	
STREET ADDRESS	308 DAVID AVE.	3.3 STREET ADDRESS	3320 Elsenhower Dr	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	DV	4.1 TITLE	DV	☑ Change ☐ Addition
NAME	WARRENDER, GLENDA K	4.2 NAME	[redacted] Grantham, Wayne	
STREET ADDRESS	2758 BURLINGTON AVE., N.	4.3 STREET ADDRESS	2758 Burlington Ave., N.	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, Fl.	
TITLE	DT	5.1 TITLE		☐ Change ☐ Addition
NAME	WARRENDER, GLENDA K	5.2 NAME		
STREET ADDRESS	9536 MAYSON ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenda K. Warrender Glenda K. Warrender 4-22-95 813-949-0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000042N