SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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

1. Corporation Name

SPIRIT OF LIFE METROPOLITAN COMMUNITY CHURCH, INC.

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: 05/01/1996

2. Principal Place of Business
21 4133 THYS RD.
22 Suite, Apt. #, etc.
23 City & State: Newport Richey, FL
24 Zip: 34653
25 Country: US

2a. Mailing Address
26 4133 Thys RD
27 Suite, Apt. #, etc.
28 City & State: Newport Richey, FL
29 Zip: 34653
30 Country: U.S.

4. FEI Number: 59-3322340 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] 8/12/97
Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIDDEN, ANDY T		1.2 NAME		
STREET ADDRESS	3744 PARKWAY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HODGES, CYNTHIA L		2.2 NAME		
STREET ADDRESS	308 DAVID AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRANTHAM, WAYNE		3.2 NAME		
STREET ADDRESS	2758 BURLINGTON AVE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	WARRENDER, GLENDA K		4.2 NAME	LARRY LUND	
STREET ADDRESS	9536 MAYSON ST		4.3 STREET ADDRESS	3852 GLY DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	Newport Richey, FL. 34652	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing 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: [signature] SIGNATURE REQUIRED 8/12/97 813 841 8600