

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90127 034 ****61.25

DOCUMENT # N16917

1. Corporation Name

**SPIRIT OF LIFE METROPOLITAN COMMUNITY CHURCH, IN
C.**

Principal Place of Business

4133 THYS RD
NEW PORT RICHEY FL 34653
US

Mailing Address

4133 THYS RD
NEW PORT RICHEY FL 34653
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

09/22/1986

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

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **SIDDEN, ANDY T**
CITY-ST-ZIP **3744 PARKWAY BLVD**
LAND O'LAKES FL

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **HODGES, CYNTHIA L**
CITY-ST-ZIP **308 DAVID AVE**
CLEARWATER FL

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **GRANTHAM, WAYNE**
CITY-ST-ZIP **2758 BURLINGTON AVE NORTH**
ST. PETERSBURG FL

TITLE ☒ DELETE
NAME **DT**
STREET ADDRESS **LUND, LARRY**
CITY-ST-ZIP **3852 ELY DR**
NEW PORT RICHEY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DT** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **GLORIA FRANK**
308 DAVID AVE.
4.4 CITY-ST-ZIP **CLEARWATER FL 33759**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **TOM HARRIS**
5515 GREYSTON ST.
5.4 CITY-ST-ZIP **PALM HARBOR FL. 34685**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **VIVIAN CARLISLE**
5761 COLONIAL DR.
6.4 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/99

Date

727-799-0335

Daytime Phone #

0071403

CR2E037-(11/98)