2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90188 044 ****70.00

DOCUMENT # N16917

1. Entity Name

SPIRIT OF LIFE METROPOLITAN COMMUNITY CHURCH, IN

Principal Place of Business	Mailing Address
4133 THYS RD PORT RICHEY FL 34653	4133 THYS RD NEW PORT RICHEY FL 34653-5838 US

C00261157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3322340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIDDEN, ANDY T REV 3744 PARKWAY BLVD LAND O'LAKES FL 34639	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
CD SIDDEN, ANDY T 3744 PARKWAY BLVD LAND O'LAKES FL	☐ Delete	TITLE DV NAME BARBARA GRIMES STREET ADDRESS PO BOX 640714 CITY-ST-ZIP BEVERLY HILLS FL 34464	☐ Change ☒ Addition
DV HODGES, CYNTHIA L 308 DAVID AVE CLEARWATER FL	☒ Delete	TITLE D NAME NED KLEINHANZL STREET ADDRESS 16902 RAVEN RIDGE CITY-ST-ZIP LUTZ, FL 33549	☐ Change ☒ Addition
DT GRANTHAM, WAYNE 2758 BURLINGTON AVE NORTH ST. PETERSBURG FL	☐ Delete	TITLE NAME GLENN FITCH STREET ADDRESS 1228 MARAVISTA DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655	☐ Change ☒ Addition
D FRANK, GLORIA 308 DAVID AVE CLEARWATER FL 33759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D HARRIS, TOM 5515 GREYSTON ST PALM HARBOR FL 34685	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D CARLISLE, VIVIAN 5761 COLONIAL DR NEW PORT RICHEY FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCANNED _____ 1/16/00 727-849-6962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #