2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90173 038 ****61.25

DOCUMENT # N16917

1. Entity Name

SPIRIT OF LIFE METROPOLITAN COMMUNITY CHURCH, INC.

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

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

8. 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 Andy T. Sidden 3/28/02
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SIDDEN, ANDY T 3744 PARKWAY BLVD LAND O'LAKES FL		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLERK (SECRETARY) CYNTHIA HODGES 4718 BLOSSOM DR. HOLIDAY, FL 34691 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GRIMES, BARBARA P O BOX 640714 BEVERLY HILLS FL 34464	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HISTORIAN WILLIAM NORMAN 17363 EAGLE TRACE DR BROOKSVILLE, FL 34604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT FITCH, GLENN 1228 MARA VISTA DR NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRANK, GLORIA 308 DAVID AVE CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	H TOMMY HALL, ~~TOOMY~~ B 5409 SHELL RD LAND O LAKES FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT TREASURER TOMMY B. HALL 5409 SHELL RD LAND O'LAKES, FL, 34639 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLISLE, VIVIAN 5761 COLONIAL DR NEW PORT RICHEY FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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: ~~SIGNATURE REQUIRED~~ GLORIA J. FRANK, TREAS. 3/24/02 727-799-0335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #