## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16917

FILED Jul 19, 2004 Secretary of State

Entity Name: SPIRIT OF LIFE METROPOLITAN COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

4133 THYS RD

NEW PORT RICHEY, FL 34653 US

Current Mailing Address: New Mailing Address:

P.O. BOX 854

ELFERS, FL 34680 US

FEI Number: 59-3322340 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOEWEY, TODD REV.

10700 PARLIAMENT CT

PORT RICHEY, FL 34668 US

SHAMBROOK, DOREEN REV.
280 TROPIC BLVD. EAST
LARGO, FL 33770 US

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: SHAMBROOK, DOREEN REV. 07/19/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 IPM () Delete
 Title:
 IPM (X) Change () Addition

 Name:
 GOEWEY, TEDD REV.
 Name:
 SHAMBROOK, DOREEN REV.

 Address:
 10700 PARLIAMENT CT
 Address:
 280 TROPIC BLVD. EAST

 City-St-Zip:
 PORT RICHEY, FL 34668
 City-St-Zip:
 LARGO, FL 33770 US

Title: C ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NORMAN, WILLIAM H
 Name:

 Address:
 11447 TURTLE DOVE PLACE
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34654
 City-St-Zip:

Title: AT ( ) Delete Title: AT (X) Change ( ) Addition

 Name:
 FITCH, GLENN
 Name:
 HARRISON, RICHARD

 Address:
 1228 MARA VISTA DR
 Address:
 38050 WOODGATE LANE

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:
 ZEPHYRHILLS, FL 33524 US

 Name:
 FRANK, GLORIA
 Name:
 CALHOUN, SHARON L

 Address:
 308 DAVID AVE
 Address:
 3021 DOTHAN AVE.

 City-St-Zip:
 CLEARWATER, FL 33759
 City-St-Zip:
 SPRING HILL, FL 34609 US

City-3-21p. CLEARWATER, I L 33/39 City-3-22p. SPRING FIEL, I L 34/009 City-3-22p.

Title: VM ( ) Delete Title: ( ) Change ( ) Addition Name: BURKE, KAREN Name:

Address: 12406 COBBLESTONE DR Address:
City-St-Zip: HUDSON, FL 34667 City-St-Zip:

Title: AT (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MORIZZO, SAMUEL
 Name:

 Address:
 6046 BISCAYNE AVE
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34653
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAMBROOK, DOREEN REV 07/19/2004