2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State
02-05-2003 90170 003 ****61.25

DOCUMENT # N16917

1. Entity Name

SPIRIT OF LIFE METROPOLITAN COMMUNITY CHURCH, IN C.

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 854 Suite, Apt. #, etc.
City & State	City & State: ELFERS, FL
Zip / Country	Zip: 34680-0854 / Country: USA

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: REV. TODD GOEWEY Street Address (P.O. Box Number is Not Acceptable): 10700 PARLIAMENT CT City: PORT RICHEY FL Zip Code: 34668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] REV. Todd Goewey Feb 01, 2003
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 Florida 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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	INTERIM PASTOR/MODERATOR REV. TODD GOEWEY 10700 PARLIAMENT CT. PORT RICHEY, FL. 34668	☐ 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	CLERK WILLIAM H. NORMAN 11447 TURTLE DOVE PLACE NEW PORT RICHEY, FL. 34654	☐ 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	VICE MODERATOR KAREN BURKE 12406 COBBLESTONE DR. BAYONET PT, FL. 34667	☐ 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	ASST. TREASURER SAMUEL MORIZZO 6046 BISCAYNE AVE. NEW PORT RICHEY, FL. 34653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HALL, TOMMY B 5409 SHELL RD LAND O LAKES FL 34639	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HODGES, CYNTHIA 4718 BLOSSOM DR HOLIDAY FL 34691	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 1/26/03 727-849-6962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number