

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18443

FILED  
Feb 18, 2005  
Secretary of State

Entity Name: SPIRIT LAKE COMMUNITY CHURCH INC.

**Current Principal Place of Business:**

2600 SPIRIT LK RD  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 511  
EAGLE LAKE, FL 33839

**New Mailing Address:**

FEI Number: 59-2750709      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHICK, BARRY  
528 SUNSHINE DR  
LAKE WALES, FL 33855 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: SHICK, BARRY  
Address: 528 SUNSHINE DR  
City-St-Zip: LAKE WALES, FL 33859

Title: VD ( ) Delete  
Name: MOSS, ELLIS  
Address: 5159 OLD EAGLE LAKE RD.  
City-St-Zip: EAGLE LAKE, FL

Title: D ( ) Delete  
Name: JAMES, CHRISTOPH  
Address: 4702 EASTON  
City-St-Zip: LAKE WALES, FL 33859

Title: T ( ) Delete  
Name: CARR, ROSELLA A  
Address: 788 SE CENTRAL AVE  
City-St-Zip: EAGLE LAKE, FL

Title: D ( ) Delete  
Name: HARRINGTON, KELLY  
Address: 904 CARLTON AVE  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete  
Name: VARNER, COLLET  
Address: 4703 EASTON ST.  
City-St-Zip: LAKE WALES, FL 33859

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DOHM, SANDY  
Address: 610 E. SANFORD ST.  
City-St-Zip: LAKE ALFRED, FL 33850

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: BARRY SHICK

CD

02/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date