

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18443

FILED
Mar 24, 2008
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: LINAMEN, HERBERT
Address: 1562 AUBURN OAKS CT.
City-St-Zip: AUBURNDALE, FL 33823

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

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

Title: D () Delete
Name: HUNT, EVON
Address: 4137 SPRUCEWOOD ST
City-St-Zip: WINTER HAVEN,, FL 33880

Title: D () Delete
Name: ELSTON, MARION
Address: 560 E. RAINERO STREET
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LEMAY, JAMES
Address: 33 DUNAWAY ROAD
City-St-Zip: WINTER HAVEN, FL 33880

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date