FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24015** **(2)**

1. Corporation Name
SPIRIT LIFE CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
9468 SE HIGHWAY 441 P.O. BOX 1377 OCALA FL 34478	P O BOX 1377 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1987	3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2858907	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PERINCHIEF, RICHARD K.
4768 SE 37 CT
OCALA FL 33480

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent, and if the agent is a corporation, the name and title of the officer. (A.R.A. Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	HAYS, CHRISTOPHER	12 NAME	resigned
STREET ADDRESS	28 HEMLOCKDR	13 STREET ADDRESS	
CITY ST ZIP	OCALA FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☑ Change ☐ Addition
NAME	ORDWAY, BRENT	22 NAME	resigned
STREET ADDRESS	2341 SE 19TH CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	OCALA FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☑ Change ☐ Addition
NAME	PERINCHIEF, RICHARD K.	32 NAME	
STREET ADDRESS	3768 SE 37 CT	33 STREET ADDRESS	5328 SE 34th St.
CITY ST ZIP	OCALA FL	34 CITY ST ZIP	Ocala, FL 34471
TITLE	VD	41 TITLE	VSD ☑ Change ☐ Addition
NAME	PERINCHIEF, GAIL	42 NAME	
STREET ADDRESS	4768 SE 37 CT	43 STREET ADDRESS	5328 SE 34th St.
CITY ST ZIP	OCALA FL	44 CITY ST ZIP	Ocala, FL 34471
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	LIARDON, ROBERTS	52 NAME	
STREET ADDRESS	73 MARSEILLES	53 STREET ADDRESS	2253 Martin St #102-C
CITY ST ZIP	LAGUNA NIGUEL CA	54 CITY ST ZIP	Irvine, CA 92715
TITLE		61 TITLE	TD ☐ Change ☑ Addition
NAME		62 NAME	Patrick, June
STREET ADDRESS		63 STREET ADDRESS	6 Pine Way Place
CITY ST ZIP		64 CITY ST ZIP	Ocala FL 34471

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ President 3/15/95 904-347-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0003421