

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24015 (2)

1. Corporation Name

SPIRIT LIFE CHRISTIAN CENTER, INC.

Principal Place of Business

9468 SE HIGHWAY 441
P.O. BOX 1377
OCALA FL 34478

Mailing Address

P O BOX 1377
OCALA FL 34478
US



3. Date Incorporated or Qualified
12/21/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6405 S. Pine Ave.

26

4. FEI Number
59-2858907

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~Gena, FL~~

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Ocala, FL

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34480

25

USA

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERINCHIEF, RICHARD K.

~~4768 SE 37 CT~~

~~OCALA FL 33480~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5328 SE 34th St

83

84 City

Ocala

FL

85 Zip Code
34471

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PERINCHIEF, RICHARD K.
STREET ADDRESS 5328 SE 34TH STREET
CITY-ST-ZIP Ocala FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME PERINCHIEF, GAIL
STREET ADDRESS 5328 SW 34TH STREET
CITY-ST-ZIP Ocala FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LIARDON, ROBERTS
STREET ADDRESS 2253 MARTIN STREET 102-C
CITY-ST-ZIP IRVINE CA ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME PATRICK, JUNE
STREET ADDRESS 6 PINE WAY PLACE
CITY-ST-ZIP Ocala FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard K. Perinchief

2/28/96

(352) 347-0440

CR2E037 (12/95)