

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90039 015 ****61.25

DOCUMENT # N24015

1. Entity Name

SPIRIT LIFE CHRISTIAN CENTER, INC.

Principal Place of Business

6405 S PINE AVE
OCALA FL 34480
US

Mailing Address

P O BOX 1377
OCALA FL 34478
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2858907

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

PERINCHIEF, RICHARD K.
5328 SE 34TH ST
OCALA FL 34471

Name

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

2815 SE 22nd Ave

City

FL

Zip Code

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD PERINCHIEF, RICHARD K.	☐ Delete
STREET ADDRESS	5328 SE 34TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE NAME	VSD PERINCHIEF, GAIL	☐ Delete
STREET ADDRESS	5328 SW 34TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE NAME	D HAYS, CHRISTOPHER	☐ Delete
STREET ADDRESS	22 JUNIPER PASS TRAIL	
CITY-ST-ZIP	OCALA FL 34480	
TITLE NAME	TD PATRICK, JUNE	☐ Delete
STREET ADDRESS	8201 SW 180 ST	
CITY-ST-ZIP	OXFORD FL 34484	
TITLE NAME	D ORDWAY, BRENT	☐ Delete
STREET ADDRESS	1613 SE 8TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	☒ Change ☐ Addition
STREET ADDRESS	2815 SE 22nd Ave.
CITY-ST-ZIP	
TITLE NAME	☒ Change ☐ Addition
STREET ADDRESS	2815 SE 22nd Ave.
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

June Patrick **June Patrick**

4-6-01

(352) 622-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)