

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
 03-03-2002 90127 049 ****61.25

DOCUMENT # N24015

1. Entity Name

SPIRIT LIFE CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

**6405 S PINE AVE
 Ocala FL 34480
 US**

**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.
 2815 SE 22ND AVE
 Ocala FL 34471**

Name

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

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 ☐ Delete
 NAME **PD PERINCHIEF, RICHARD K.**
 STREET ADDRESS **2815 SE 22ND AVE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VSD PERINCHIEF, GAIL**
 STREET ADDRESS **2815 SE 22ND AVE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D HAYS, CHRISTOPHER**
 STREET ADDRESS **22 JUNIPER PASS TRAIL**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TD PATRICK, JUNE**
 STREET ADDRESS **8201 SW 180 ST**
 CITY-ST-ZIP **OXFORD FL 34484**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **8201 SE 180 ST**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D ORDWAY, BRENT**
 STREET ADDRESS **1613 SE 8TH ST**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1236 SE 11th Ave.**
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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)(i), 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 another like empowered.

SIGNATURE:

June Patrick **June Patrick 2-20-02 (352) 622-7770**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)