2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

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

02252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

PERINCHIEF, RICHARD K.
2815 SE 22ND AVE
OCALA, FL 34471

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERINCHIEF, RICHARD K.
STREET ADDRESS	2815 SE 22ND AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VSD
NAME	PERINCHIEF, GAIL
STREET ADDRESS	2815 SE 22ND AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	HAYS, CHRISTOPHER
STREET ADDRESS	7 PINE RADIAL DRIVE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	TD
NAME	PATRICK, JUNE
STREET ADDRESS	8201 SE 180 ST
CITY-ST-ZIP	OXFORD, FL 34484
TITLE	D
NAME	ORDWAY, BRENT
STREET ADDRESS	1236 SE 11TH AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000277638
03/26/05-80037-008 61.25

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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 all other like empowered.

SIGNATURE: June Patrick June Patrick 3-23-05 (352) 622-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #