

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24015

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: SPIRIT LIFE CHRISTIAN CENTER, INC.

## Current Principal Place of Business:

6405 S PINE AVE  
OCALA, FL 34480 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1377  
OCALA, FL 34478 US

## New Mailing Address:

FEI Number: 59-2858907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PERINCHIEF, RICHARD, K.  
Address: 2815 SE 22ND AVE  
City-St-Zip: OCALA, FL 34471

Title: VSD ( ) Delete  
Name: PERINCHIEF, GAIL,  
Address: 2815 SE 22ND AVE  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: HAYS, CHRISTOPHER  
Address: 4211 SW 5TH AVE  
City-St-Zip: OCALA, FL 34474

Title: TD ( ) Delete  
Name: PATRICK, JUNE  
Address: 8201 SE 180 ST  
City-St-Zip: OXFORD, FL 34484

Title: D ( ) Delete  
Name: ORDWAY, BRENT  
Address: 1236 SE 11TH AVE  
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PERINCHIEF, RICHARD K  
Address: 2815 SE 22ND AVE  
City-St-Zip: OCALA, FL 34471

Title: VSD (X) Change ( ) Addition  
Name: PERINCHIEF, GAIL  
Address: 2815 SE 22ND AVE  
City-St-Zip: OCALA, FL 34471

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SEALS, LINDSEY C  
Address: 5568 SE 44TH CIRCLE  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE PATRICK

TD

04/25/2007

Electronic Signature of Signing Officer or Director

Date