2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N24015

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	(X) Delete
Name:	PATRICK, JUNE	
Address:	8201 SE 180 ST	
City-St-Zip:	OXFORD, FL 34484	
Title:	D	(X) Delete
Name:	ORDWAY, BRENT	
Address:	1236 SE 11TH AVE	
City-St-Zip:	OCALA, FL 34471	
Title:	D	(X) Delete
Name:	SEALS, LINDSEY C	
Address:	5568 SE 44TH CIRCLE	
City-St-Zip:	OCALA, FL 34471	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	KENNEDY, KRISTEN L	
Address:	12 TEAK LANE	
City-St-Zip:	OCALA, FL 34472	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: RICHARD PERINCHIEF PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date