**FILED** SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEN ER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REI TATE: \$236.25). Jul 25 1997 8:00am NONPROFIT FLORIDA DEPARTMENT FSTATE CORPORATION Sandra B. Mort Secretary of State ANNUAL REPORT Secretary of Sta DIVISION OF CORPOR 1997 TIONS **DOCUMENT #**1. Corporation Name N26923 (5) SPIRIT OF LIFE CENTER, INC. Principal Place of Business Mailing Address 2113 S. TUTTLE 2113 S. TUTTLE SARASOTA FL 34239 SARASOTA FL 34239 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1988 08/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2466063 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Cα 8. This corporation owes or has paid the current year Intangible 29 25 24 30 Personal Property Tax due June 30. ☐ Yes I No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent GIERHART, CHARLES A. Street Address (P.O. Box Number is Not Acceptable) 100 WALLACE AVENUE **SUITE 330** SARASOTA FL 34237 Zip Code Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the a
office or registered agent, or both, in the State of Florida. Such change was authorize
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Sta ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable Agent signature required when reinstating OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 Change NAME WALKER, RICHARD 1.21 2113 S. TUTTLE AVE STREET ADDRESS EET ADDRESS SARASOTA FL CITY-ST-ZIP /-ST-ZIP DELETE TITLE VD 2.1 T Chance Addition WALKER, SHARON NAME 2113 S. TUTTLE DR. STREET ADDRESS 2.3 S EET ADORESS SARASOTA FL Y-ST-ZIP CITY-ST-ZIP DELETE TITLE DS 3.1 ☐ Addition DOCTOR SHARON BURKE, NABLE, JAN NAME 3010 MANATEE AVENUE, BRADENTON, FLORICA 34205 STREET ADDRESS 4207 55TH AVENUE DRIVE EAST 3.3 ET ADDRESS CITY-ST-ZIP BRADENTON FL /-ST-ZIP DELETE TITLE 4.1 T ☐ Change Addition NAME RORK, STEPHEN 4. 2 NME 2113 S. TUTTLE AVE. STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL 4.4 C()Y-ST-ZIP CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME DAVIS, LOUIS 5.2 NAME STREET ADDRESS 608 33RD AVE EAST 5.3 STREET ADDRESS **BRADENTON FL** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TILE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 SREET ADDRESS** 64 CIY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the prigmental annual report is true and occurate and that my signature shall have the same legal effect as if made under oath; that the processor of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name 14. I do hereby certify that the information suppli information indicated on this annual represen-iam an officer or director of the corporation appears in Block 12 or Block 13 if ordinged July 20,97 (941) 364-9844

SIGNATURE: