

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34871**

1. Entity Name

SPIRIT OF LIFE CHURCH OF GOD, INC.



Principal Place of Business

6372 BROAD STREET  
BROOKSVILLE FL 34601-3736

Mailing Address

826 SCHOOL HOUSE ST  
BROOKSVILLE FL 34601

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

59-2975857

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENJAMIN, BYRON S.  
826 SCHOOL HOUSE ST  
BROOKSVILLE FL 34601

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

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**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PTD BENJAMIN, BYRON S.	<input type="checkbox"/> Delete
STREET ADDRESS	826 SCHOOL HOUSE ST	
CITY- ST- ZIP	BROOKSVILLE FL	
TITLE NAME	VTD BENJAMIN, IDELLA	<input type="checkbox"/> Delete
STREET ADDRESS	826 SCHOOL HOUSE ST	
CITY- ST- ZIP	BROOKSVILLE FL	
TITLE NAME	TD MATHIS, JONATHAN	<input type="checkbox"/> Delete
STREET ADDRESS	826 SCHOOL HOUSE ST	
CITY- ST- ZIP	BROOKSVILLE FL	
TITLE NAME	TD MATHIS, JOEL	<input type="checkbox"/> Delete
STREET ADDRESS	826 SCHOOL HOUSE ST	
CITY- ST- ZIP	BROOKSVILLE FL	
TITLE NAME	TD BENJAMIN, SEAN J	<input type="checkbox"/> Delete
STREET ADDRESS	826 SCHOOL HOUSE ST	
CITY- ST- ZIP	BROOKSVILLE FL 34601	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		
CITY- ST- ZIP		

UN0000196879  
01/26/05-80085-013 70.00

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:** *Byron S. Benjamin* **BYRON S. BENJAMIN PRESIDENT 1-21-2005 352-796-0391**