

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35018

FILED
Jan 18, 2009
Secretary of State

Entity Name: SPIRITUAL LIFE CONCEPTS, INCORPORATED

Current Principal Place of Business:

11692 OVAL DR W.
PO BOX 757
LARGO, FL 34644 US

New Principal Place of Business:

11692 OVAL DR W.
LARGO, FL 34644 US

Current Mailing Address:

SPIRITUAL LIFE CONCEPTS, INC.
P O BOX 94
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

P.O. BOX 94
INDIAN ROCKS BEACH, FL 33785 US

FEI Number: 59-3012088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOWERY, JAMES L DR
11692 OVAL DR. W.
LARGO, FL 33774 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: LOWERY, JAMES L DR.
Address: 11692 OVAL DRIVE W.
City-St-Zip: LARGO, FL 33774

Title: VP () Delete
Name: WILLIS, DENISE
Address: P.O. BOX 566 N/A
City-St-Zip: WILLISTON, FL 32696

Title: VP () Delete
Name: LOWERY, GERALDINE B
Address: 11692 OVAL DR. W.
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOWERY, JAMES L DR.
Address: 11692 OVAL DRIVE W.
City-St-Zip: LARGO, FL 33774 US

Title: VP (X) Change () Addition
Name: WILLIS, DENISE
Address: 210 NE 1ST AVE.
City-St-Zip: WILLISTON, FL 32696 US

Title: VP (X) Change () Addition
Name: LOWERY, GERALDINE B
Address: 11692 OVAL DR. W.
City-St-Zip: LARGO, FL 33774 US

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: JAMES L. LOWERY

PRES

01/18/2009

Electronic Signature of Signing Officer or Director

Date