2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35018

FILED Apr 10, 2012 Secretary of State

Entity Name: SPIRITUAL LIFE CONCEPTS, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

137 NE 5TH ST 21026 SE 349TH HIGHWAY WILLISTON, FL 32696 US 0LD TOWN, FL 32680 U

Current Mailing Address: New Mailing Address:

P.O. BOX 239 P.O. BOX 267

WILLISTON, FL 32696 US SUWANNEE, FL 32692 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: Name and Address of New Registered Agent:

LOWERY, MICHAEL L DR

137 NE 5TH ST

WILLISTON, FL 32696 US

LOWERY, MICHAEL L DR

21026 SE 349TH HIGHWAY

OLD TOWN, FL 32680 US

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: 04/10/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 LOWERY, MICHAEL L DR.

 Address:
 21026 SE 349TH HWY

 City-St-Zip:
 OLD TOWN, FL 32680 US

Title: 1 VP

Name: LOWERY, JAMES L Address: 137 NE 5TH ST

City-St-Zip: WILLISTON, FL 32696 US

Title: D

Name: LOWERY, GERALDINE B

Address: 137 NE 5TH ST

City-St-Zip: WILLISTON, FL 32696 US

Title:

 Name:
 WILLIS, DENISE M

 Address:
 137 NE 5TH ST

 City-St-Zip:
 WILLISTON, FL 32696

Title: ST

Name: LOWERY, BARBARA L PASTOR Address: 21026 SE 349TH HIGHWAY City-St-Zip: OLD TOWN, FL 32680 US

I hereby 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 all other like empowered.

SIGNATURE: DR. MICHAEL L. LOWERY, DD., PRESIDENT P/FA 04/10/2012