

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N42711 (4)**

1. Corporation Name

**SPIRIT LIFE MINISTRIES, INC.**



Principal Place of Business

**SPIRIT LIFE WORSHIP CENTER  
4928 WEBB RD  
TAMPA FL 33615  
US**

Mailing Address

**P. O. BOX 290923  
TAMPA FL 33687  
US**

3. Date Incorporated or Qualified  
**03/27/1991**

3a. Date of Last Report  
**01/23/1995**

2. Principal Place of Business

2a. Mailing Address

**21 4928 WEBB RD.**

**26 P.O. BOX 290923**

4. FEI Number

**59-3072346**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

**23 TAMPA FLA.**

**28 TAMPA, FLA.**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

**24 33615**

**25 HILLS.**

**29 33687**

**30 HILLS.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCINNIS, RICHARD H.  
412 E. MADISON ST.  
SUITE 1203  
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD  
NAME BUNKER, DUANE F.  
STREET ADDRESS 1206 BRISTOLWOOD ST.  
CITY-ST-ZIP BRANDON FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**STD  
NAME BUNKER, SUZIE S.  
STREET ADDRESS 1206 BRISTOLWOOD ST.  
CITY-ST-ZIP BRANDON FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

**VD  
NAME MOSCHOS, STEFANOS  
STREET ADDRESS 120 CARLYLE CIRCLE  
CITY-ST-ZIP PALM HARBOR FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

**VD  
NAME MOSCHOS, BETTY  
STREET ADDRESS 120 CARLYLE CIRCLE  
CITY-ST-ZIP PALM HARBOR FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D  
NAME MCINNIS, RICHARD H.  
STREET ADDRESS 8327 ARCHWOOD CIR  
CITY-ST-ZIP TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

**D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Signature* **Suzanne Bunker STD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)