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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

4928 WEBB ROAD
4928 WEBB RD
TAMPA FL 33615
US

P.O. BOX 290923
TAMPA FL 33687
US

2. Principal Place of Business

2a. Mailing Address

21 5636 KENNGOY HILL DR P.O. Box 290923
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 SOFFNER

27

City & State

City & State

23 FLA.

28 TAMPA FLA.

24 33584

Country

25 Hillsborough

Zip

33687

Country

30 Hillsborough

9. Name and Address of Current 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

RICHARD MCINNIS

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

D. Bunker

1-22-98

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CR2E037 (10/97)