

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90068 037 \*\*\*\*\*70.00

**DOCUMENT # N92000000543**

1. Entity Name  
**SPIRIT AND LIFE CHRISTIAN MINISTRIES INC.**



Principal Place of Business  
**5881 SHALIMAR DRIVE ← SAME**  
**5400 ALMAR DRIVE ← DELETE**  
**PUNTA GORDA FL 33950 ← CHANGE**  
**US**

Mailing Address  
**316 DULMER DR.**  
**NOKOMIS FL 34275**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**5881 SHALIMAR DR.**

Suite, Apt. #, etc.

City & State  
**PUNTA GORDA FL.**

City & State

Zip  
**33982**

Country  
**USA**

Zip

Country

**MOORE CR2E037 (11/03)**

4. FEI Number  
**65-0373593**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICALIZZI, RALPH A**  
**316 DULMER DR.**  
**NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

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 **RALPH A. MICALIZZI** *Ralph A. Micalizzi* **1/15/04**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MERONE, JOSEPH</b> <b>849 CONREID DRIVE</b> <b>PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BURTON, ROBERT</b> <b>9059 GEWANT BLVD.</b> <b>CHARLOTTE RANCHETTES FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CARR, STEVEN</b> <b>25486 AVILLAS COURT</b> <b>PUNTA GORDA FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MICALIZZI, MARK A.</b> <b>4976 WILD DAISEY LANE</b> <b>VENICE FL 34293</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>MICALIZZI, RALPH A</b> <b>316 DULMER DRIVE</b> <b>NOKOMIS FL 34275</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BUMBOLOW, THOMAS</b> <b>1102 RUM CAY COURT</b> <b>PUNTA GORDA FL 33950</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RALPH A. MICALIZZI** *Ralph A. Micalizzi* **1/15/04** **485-4031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #