

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90377 028 \*\*\*\*\*70.00

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1. Entity Name

SPIRIT AND LIFE CHRISTIAN MINISTRIES INC.



Principal Place of Business

5881 SHALIMAR DRIVE  
PUNTA GORDA FL 33982  
US

Mailing Address

316 DULMER DR.  
NOKOMIS FL 34275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

MICALIZZI, RALPH A  
316 DULMER DR.  
NOKOMIS FL 34275

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 D ☐ Delete  
NAME MERONE, JOSEPH  
STREET ADDRESS 849 CONREID DRIVE  
CITY-ST-ZIP PORT CHARLOTTE-FL-33952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 18774 ACKERMAN AVE.  
CITY-ST-ZIP PORT CHARLOTTE FL. 33948

TITLE D ☒ Delete  
NAME BURTON, ROBERT  
STREET ADDRESS 9059 GEWANT BLVD.  
CITY-ST-ZIP CHARLOTTE RANCHETTES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CARR, STEVEN  
STREET ADDRESS 25486 AVILLAS COURT  
CITY-ST-ZIP PUNTA GORDA FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MICALIZZI, MARK A.  
STREET ADDRESS 4976 WILD DAISEY LANE  
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME MICALIZZI, RALPH A  
STREET ADDRESS 316 DULMER DRIVE  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BUMBLOW, THOMAS  
STREET ADDRESS 1102 RUM CAY COURT  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 941-485-4031

Date

Daytime Phone #