

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90248 009 \*\*\*\*70.00

**DOCUMENT # N92000000543**

1. Entity Name

**SPIRIT AND LIFE CHRISTIAN MINISTRIES INC.**



Principal Place of Business

**5881 SHALIMAR DRIVE  
5400 ALMAR DRIVE  
PUNTA GORDA FL 33950  
US**

Mailing Address

**% RALPH A. MICALIZZI  
5400 ALMAR DRIVE  
PUNTA GORDA FL 33950**

**90002242**



2. Principal Place of Business

**5881 SHALIMAR DRIVE**

3. Mailing Address

**316 DULMER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**PUNTA GORDA FL.**

City & State  
**NOKOMIS FL.**

4. FEI Number **65-0373593**

Applied For

Not Applicable

Zip  
**33950**

Country  
**US**

Zip  
**34275**

Country  
**US**

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

6. Name and Address of Current Registered Agent

**MICALIZZI, RALPH A  
5400 ALMAR DRIVE  
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **MICALIZZI RALPH A.**

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

**316 DULMER DRIVE**

City **NOKOMIS**

FL

Zip  
**34275**

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* **1/13/03**  
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**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** *Ralph A. Micalizzi* **1/13/03** **485-4031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)