

**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 State
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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
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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)