

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:05

DOCUMENT # N94000005766 (O)

1. Corporation Name

SPIRITUAL LIFE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

2762 NW 6TH STREET
POMPANO BEACH FL 33069

2762 NW 6TH STREET
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

(First)

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

No ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

No ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FORD, CORA L
2732 NW 4TH COURT
POMPANO BEACH FL

81. Name

(Same)

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FORD, JOSEPH E
STREET ADDRESS 2762 NW 6TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE SD
NAME FORD, CORA L
STREET ADDRESS 2732 NW 4TH COURT
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE AS
NAME ELLISON, DIANE
STREET ADDRESS 4119 NW 114TH AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE TD
NAME RACKER, GERALDINE
STREET ADDRESS 2732 NW 4TH COURT
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-92, (305) 972-2852