2000 UNIFORM BUSINESS RE[redacted]UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
04-04-2000 90101 017 ****61.25

DOCUMENT # N97000000644

1. Entity Name

SPIRIT OF LIFE AND LOVE MINISTRY INC.

Principal Place of Business	Mailing Address
1125 SE 4TH ST STE A GAINESVILLE FL 32601	2605 SW 33RD PL APT B GAINESVILLE FL 32608-2824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3117 SW 26th Way Suite, Apt. #, etc. 4
City & State	City & State Gainesville, FL
Zip / Country	Zip 32608 / Country USA

4. FEI Number 59-3448582 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PACE, JOAN
~~2605 SW 33RD PLACE #B~~
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name Joan, Pace
Street Address (P.O. Box Number is Not Acceptable) 3117 SW 26th Way
Apt 4
City Gainesville FL Zip Code 32608

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.

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PACE, JOAN 2605 SW 33RD PL #B GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Pace, Joan 3117 SW 26th Way Apt 4 Gainesville FL 32608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GAINEOUS, HARRIET 4612 SE 3RD PL GAINESVILLE FL 32641	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Prophet, Stephenson Pace 2832 NE 12th St. Gainesville, FL 32609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOWARD, MELISSA SE 169TH AVE MICANOPY FL 32667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~Kendra~~ Lee, Kendra 3117 SW 26th Way Apt #4 Gainesville, FL 32608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PROPHET, STEPHENSON PAC 2832 SW 25TH DR #B GAINESVILLE FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCIntyre, Sylvia 3212 SW 25th Dr. Apt #3 Gainesville, FL 32608	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ELDER CHARLES LEE 3205 SW 25TH DR #B GAINESVILLE FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Frazier, Gaynell 3117 SW 26th Way Apt #4 Gainesville, FL 32608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCINTYRE, SYLVIA 3212 SW 25TH DR APT 3 GAINESVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Williams, Natarsha 4009 SW 15th Lane Gainesville, Fl 32607	☐ Change ☑ Addition

CR2E037 (9/99)

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: Sylvia McIntyre Sylvia McIntyre 3/23/00 (352) 373-0177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #