

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90027 028 ****61.25

DOCUMENT # N98000002081

1. Entity Name
SPIRIT OF LIFE UNITARIAN UNIVERSALISTS, INC.



Principal Place of Business
**18412 BURRELL ROAD
ODESSA, FL 33556 US**

Mailing Address
**18412 BURRELL ROAD
ODESSA, FL 33556 US**

40116423



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3507669

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MINICH, KENT
2255 BOW LANE
SAFETY HARBOR, FL 34695**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELLIS, LEE
8506 EL PORTAL DRIVE
TAMPA, FL 33604** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HALLMARK, MARGIE
6962 125TH TERR N
LARGO, FL 33773** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HART, MARY-ANN
1643 LAKE HERON DRIVE
LUTZ, FL 33549** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MINICH, KENT
2255 BOW LANE
SAFETY HARBOR, FL 34695** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DASSING, BONNIE
2644 PEACHTREE CIRCLE
CLEARWATER, FL 33761** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**X D
ELMHURST, JEFF
14606 CANOPY DRIVE
TAMPA, FL 33626** ☐ Delete ☒ change

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Melody Oleson
1741 Beachway Lane
Odessa, FL 33556** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
John Marshland-Pettit
8481 Sandy Beach St
Tampa, FL 33634** ☐ Change ☒ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/2007
Date

727-923-8978
Daytime Phone #