

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90017 023 ****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**

40012504



01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3507669

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLESON, MELODY Dechichio, Dan
STREET ADDRESS	4741 BEACHWAY LANE 2026 Rensselaer Dr
CITY-ST-ZIP	ODESSA, FL 33556 Wesley Chapel, FL 33593
TITLE	D
NAME	HALLMARK, MARGIE Karen Lanning
STREET ADDRESS	6902 125TH TERR N 31215 Wrencrest Dr
CITY-ST-ZIP	LARGO, FL 33773 Wesley Chapel, FL 35543
TITLE	D
NAME	MARCHLAND-PETIT, JOHN Tobi Wersbond
STREET ADDRESS	8401 SANDY BEACH ST 3615 Hurston St
CITY-ST-ZIP	TAMPA, FL 33634 New Port Richey, FL 34655
TITLE	T
NAME	MINICH, KENT
STREET ADDRESS	2255 BOW LANE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	D
NAME	DASSING, BONNIE Rich Hallmark
STREET ADDRESS	2644 PEACHTREE CIRCLE 6962 125th Terr. N.
CITY-ST-ZIP	CLEARWATER, FL 33761 Largo, FL 33773
TITLE	D
NAME	ELMHURST, JEFF OLESON, MELODY
STREET ADDRESS	14606 CANOPY DRIVE 1741 BEACHWAY LANE
CITY-ST-ZIP	TAMPA, FL 33626 ODESSA FL 33556

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2008 727-723-8978
Date Daytime Phone #