

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 029 ****70.00

DOCUMENT # N98000003580

1. Corporation Name

SPIRIT LIFE FELLOWSHIP, INC.

Principal Place of Business

2120 AIRPORT ROAD
LAKELAND FL 33802

Mailing Address

P.O. BOX 774
LAKELAND FL 33802



2. Principal Place of Business

21 3260 Hwy 98 N

Suite, Apt. #, etc.

22 City & State
23 Lakeland, FL

24 Zip 33809 25 County Polk

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/19/1998

4. FEI Number

59-3516389

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LASTER, CYENTRIA L
5323 RAY PLACE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name Cyentria L. Laster

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

83 6215 Pine Lane

84

City Lakeland

FL

85 Zip Code 33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Cyentria L. Laster (Cyentria L. Laster) 6/19/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LASTER, YOUNG S R
STREET ADDRESS 5323 RAY PLACE
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME LASTER, CYENTRIA L
STREET ADDRESS 5323 RAY PLACE
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME CHANDERSINGH, GERTRUDE
STREET ADDRESS 1716 LAKE LORINE DR.
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ DELETE

NAME LASTER, YOUNG J R
STREET ADDRESS 1311 HERSCHELL STREET
CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Arinda E. Mitchell
1.3 STREET ADDRESS 1438 Arlington Rd.
1.4 CITY-ST-ZIP Lakeland, FL 33805

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cyentria L. Laster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/19/99 941-646-3315

CR2E037 (11/98)

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