

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003580

1. Entity Name

SPIRIT LIFE FELLOWSHIP, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90006 026 ****70.00

Principal Place of Business

3260 HWY 98 N
 LAKELAND FL 33809

Mailing Address

P.O. BOX 774
 LAKELAND FL 33802

2. Principal Place of Business

430 Longfellow Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Lakeland, FL

City & State

Zip
 33801

Country
 FL

Zip

Country

4. FEI Number

59-3516389

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LASTER, CYENTRIA L
 6215 PINE LANE
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

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.

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

After September 13, 2000 min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LASTER, YOUNG S R	
STREET ADDRESS	5323 RAY PLACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASTER, CYENTRIA L	
STREET ADDRESS	5323 RAY PLACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDERSINGH, GERTRUDE	
STREET ADDRESS	1716 LAKE LORINE DR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASTER, YOUNG J R	
STREET ADDRESS	1311 HERSCHELL STREET	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, ARFINOR E	
STREET ADDRESS	1438 ARLINGTON RD	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTER, YOUNG S R	
STREET ADDRESS	6215 Pine Lane	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYENTRIA L. LASTER	
STREET ADDRESS	6215 Pine Lane	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIE LUCAS	
STREET ADDRESS	1240 Pinewood Avenue	
CITY-ST-ZIP	LAKELAND FL 33815-4264	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND CLARK	
STREET ADDRESS	624 E. Valencia Street	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAN LASTER	
STREET ADDRESS	1703 King Avenue Apt B	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA LUCAS	
STREET ADDRESS	1240 Pinewood Avenue	
CITY-ST-ZIP	LAKELAND FL 33815-4264	

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 law empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)