NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800005048

1. Corporation Name

SPIRIT-ED. MINISTRIES, INC.

Principal Place of Business 1402 JFK CAOUSEWAY SUITE 244

NORTH BAY VILLAGE FL 33141

Mailing Address

1402 JFK CAOUSEWAY SUITE 244

NORTH BAY VILLAGE FL 33141

FILED Mar 01, 1999 8:00 am § Secretary of State

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	•				1						
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated o	r Qualifed				
21		26				09/02/1998			.,,		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			'	FEI Number		_	<u> </u>	lied For	
22		27				65-086	<u> 139</u>	<u>5</u>		Applicable	
City & Stat	e	City & State				Certificate of Status	Desired		\$8.75 A		
23		28							Fee Rec		
Zip	Country	Zip	_ Counti ⊐	У	'	Election Campaign	•		\$5.00	- 1	
24	25	29 30	<u> </u>			Trust Fund Contribu Name and Address		- distorad	Added to	rees	
	9. Name and Address of Current I	Registered Agent	8	1 Name		Name and Address	S OT NEW PO	egistereu	Whenr		
	_		ľ	' Name	9						
DURAN, YOLANDA			8:	82 Street Address (P.O. Box Number is Not Acceptable)							
	10300 SUNSET DRIVE			83							
SUITE 43			*	3							
miami fl	33173		8	4 City				FL	85 Zip C	ode	
									obonaina ito e	onietarad	
office or n	to the provisions of Sections 617.0502 a	Florida, Such change was auth	iorized b	y the con	nd corporati	on submits this statem board of directors. I he	ent for the preby accept	the appoi	ntment as reg	istered	
agent. I a	m familiar with, and accept the obligatio	ns of, Section 617.0503, Florida	a Statute	\$.	-					Į	
SIGNATURE								DATE			
12.	Signature, typed or printed name of registered agent a OFFICERS AND		egistered Ag	ent algnature	e required whe	ADDITIONS/CHANG	ES TO OFF		ID DIRECTO	RS IN 12	
	D OFFICERS AND	DELETE	1.1 TITLE		Т.				Change	Addition	
TITLE	HOWARD, ELSA V MINISTE		1,2 NAME	:					_ ,		
NAME	1402 JFK CAOUSEWAY		1	ET ADDRÉSS	_					-	
STREET ADDRESS	NORTH BAY VILLAGE FL 33141				» [{	
CITY-ST-ZIP TITLE	PD PD	DELETE	1.4 CITY- 2.1 TITLE		+			<u></u>	☐ Change	☐ Addition	
NAME :	HOWARD, KEITH E		2.2 NAME				-		-		
	1402 JFK CAOUSEWAY			Et address	e e					ļ	
STREET ADDRESS	NORTH BAY VILLAGE FL 33141		2. 4 CITY		~						
CITY-ST-ZIP TITLE	VD		3.1 TITLE	31-24					☐ Change	☐ Addition	
NAME	CASEY, BARBARA		3.2 NAME	1						Į	
STREET ADDRESS	1402 JFK CAOUSEWAY		1	Et adores:	25						
	NORTH BAY VILLAGE FL 33141		3.4. CITY								
CITY-ST-ZIP TITLE	TD	() DELETE	4.1 TTLE		1				Change	Addition	
NAME	VALDEZ, ERIC A		4. 2 NAMI	Ē							
STREET ADDRESS	1402 JFK CAOUSEWAY		4.3 STRE	- Et address	s						
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		4.4 CITY-		Į						
TITLE	SD	☐ DELETE	5.1 TITLE						Change	Addition	
NAME	HOWARD, DEREK K		5.2 NAME								
STREET ADDRESS	1402 JFK CAOUSEWAY		5.3 STRE	ET ADDRESS	s						
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		5.4 CITY	ST-21P		_					
TITLE		☐ DELETE	6.1 TITLE						Change	Addition	
NAME			6.2 NAME							Į	
STREET ADDRESS			6.3 STRE	ET ADORESS	ss					Ì	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP							

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:

E REQUIRED