2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002738

1. Entity Name
SPIRIT OF LIFE CHRISTIAN MINISTRIES #3, INC.

Principal Place of Business	Mailing Address
4101 EL REY ROAD ORLANDO, FL 32805	6133 PESO COURT ORLANDO, FL 32808

04192005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3572570
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAHAM, CHARLES E
6133 PESO COURT
ORLANDO, FL 32808

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRAHAM, CHARLES E
STREET ADDRESS	4101 EL REY ROAD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	V
NAME	LUSTER, BETTY J
STREET ADDRESS	4101 EL REY ROAD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	S
NAME	KELLY, LOTTIE L
STREET ADDRESS	4101 EL REY ROAD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	T
NAME	DAVIS, STANLEY
STREET ADDRESS	4101 EL REY ROAD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	KELLY, TOMMY
STREET ADDRESS	4101 EL REY ROAD
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	JACKSON, ELIZA
STREET ADDRESS	4101 EL REY ROAD
CITY-ST-ZIP	ORLANDO, FL 32808

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04/27/05-80156-018 70.00

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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 like empowered.

SIGNATURE Charles E. Graham 04/22/05 (407) 296-5243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #