2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N99000002738

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

Current Principal Place of Business:

4101 EL REY ROAD
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

6133 PESO COURT
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3572570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, CHARLES E
6133 PESO COURT
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	GRAHAM, CHARLES E	
Address:	4101 EL REY ROAD	
City-St-Zip:	ORLANDO, FL 32805	
Title:	V	( ) Delete
Name:	LUSTER, BETTY J	
Address:	4101 EL REY ROAD	
City-St-Zip:	ORLANDO, FL 32805	
Title:	S	( ) Delete
Name:	KELLY, LOTTIE L	
Address:	4101 EL REY ROAD	
City-St-Zip:	ORLANDO, FL 32805	
Title:	T	( ) Delete
Name:	DAVIS, STANLEY	
Address:	4101 EL REY ROAD	
City-St-Zip:	ORLANDO, FL 32805	
Title:	D	( ) Delete
Name:	KELLY, TOMMY	
Address:	4101 EL REY ROAD	
City-St-Zip:	ORLANDO, FL 32805	
Title:	D	( ) Delete
Name:	JACKSON, ELIZA	
Address:	4101 EL REY ROAD	
City-St-Zip:	ORLANDO, FL 32808	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	WALKER, ALLAN	
Address:	4101 EL REY ROAD	
City-St-Zip:	ORLANDO, FL 32805	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. GRAHAM DP 04/15/2009

Electronic Signature of Signing Officer or Director — Date