2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005050

Apr 30, 2006 Secretary of State

Entity Name: SPIRIT-FILLED INTERNATIONAL CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 630 WEST OAK RIDGE RD. ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 630 WEST OAK RIDGE RD. ORLANDO, FL 32809 FEI Number: 59-3656187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERRE, DAVID A PIERRE, DAVID A 5795 OLEANDER DRIVE 3251 FAIRFIELD DRIVE US ORLANDO, FL 32807 KISSIMMEE, FL 34743 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: 04/30/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PIERRE, DAVID A PIERRE, DAVID A Name: Name: 2909 SILVER RIDGE DR. Address: 3251 FAIRFIELD DRIVE Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: KISSIMMEE, FL 34743 Title: () Delete Title: (X) Change () Addition Name: PIERRE, MARIE R Name: PIERRE, MARIE R Address: 2909 SILVER RIDGE DR. Address: 3251 FAIRFIELD DRIVE City-St-Zip: ORLANDO, FL 32818 City-St-Zip: KISSIMMEE, FL 34743 Title: () Delete Title: () Change () Addition JEROME, MARIE B Name: Name: 3267 EL PRIMO WAY Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NOEL, DERLY J Name: 3380 WILDERNESS TRAIL Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: Title: () Delete () Change () Addition NOEL, WILCHELSON Name: Name: 3380 WILDERNESS TR. Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DERLY NOEL Т 04/30/2006