

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90031 048 ***158.75

DOCUMENT # P07000095695

1. Entity Name

THE SPIRIT OF LIFE AGENCY OF THE TREASURE
COAST, INC.



Principal Place of Business

621 NE SPENCER STREET
JENSEN BEACH FL 34957

Mailing Address

621 NE SPENCER STREET
JENSEN BEACH FL 34957



2. Principal Place of Business, No P.O. Box #

621 NE Spencer St
Jensen Beach

City & State
Florida

Zip
34957

Country
Martin

3. Mailing Address

621 NE Spencer St
Jensen Beach

City & State
Florida

Zip
34957

Country
Martin

1st MOORE

CR2E034 (10/07)

FEI Number
26-0854494

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAUGAITIS, LEE HOPE
621 NE SPENCER STREET
JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name
LEE HOPE STAUGAITIS
Street Address (P.O. Box Number is Not Acceptable)
621 NE SPENCER ST
Jensen Beach
City
FL Zip Code
34957

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	STAUGAITIS, LEE HOPE	
STREET ADDRESS	621 NE SPENCER STREET	
CITY - ST - ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAUGAITIS, LEE HOPE	
STREET ADDRESS	621 NE SPENCER STREET	
CITY - ST - ZIP	JENSEN BEACH FL 34957	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIEL, JULIE	
STREET ADDRESS	621 NE SPENCER STREET	
CITY - ST - ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Register Number