

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000818

Entity Name: SPIRIT LIFE WORSHIP MINISTRIES, INC.**Current Principal Place of Business:**4721 E. MOODY BLVD
UNIT 201, 202, 203
BUNNELL, FL 32110**Current Mailing Address:**P O BOX 352225
PALM COAST, FL 32135**FEI Number:** 02-0540066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESROCHES, MICHAEL JPASTOR
4721 E. MOODY BLVD
UNIT 201, 202, 203
BUNNELL, FL 32110 US*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**Officer/Director Detail :**

Title	D
Name	FINGLAND, MARCIA D
Address	PO BOX 56
City-State-Zip:	FLAGLER BEACH FL 32136

Title	PD
Name	DESROCHES, MICHAEL JPD
Address	PO BOX 352225
City-State-Zip:	PALM COAST FL 32135

Title	VSTD
Name	DESROCHES, ANITA FVSTD
Address	PO BOX 352225
City-State-Zip:	PALM COAST FL 32135

Title	D
Name	CELLINI, NANCY AD
Address	6 LYTTON LANE
City-State-Zip:	PALM COAST FL 32137

Title	D
Name	DESROCHES, JOHN V
Address	PO BOX 51875
City-State-Zip:	INDIAN ORCHARDS MA 01151

Title	D
Name	BARBARA, LATOURELLE
Address	1 JULIP LANE
City-State-Zip:	FLAGLER BEACH FL 32136

Title	D
Name	DESROCHES, CATHY
Address	PO BOX 51875
City-State-Zip:	INDIAN ORCHARD MA 01151

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J DESROCHES

PASTOR/CEO

02/26/2018

Electronic Signature of Signing Officer/Director Detail_____
Date