

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011005

**Entity Name:** SPIRIT OF CHRIST COALITION INTERNATIONAL, INC.

**Current Principal Place of Business:**

834 PINE SHADOWS AVE  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

834 PINE SHADOWS AVE  
ROCKLEDGE, FL 32955 US

**FEI Number: 90-0108598**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

YOUNG, CATHERINE L  
834 PINE SHADE AVENUE  
ROCKLEDGE , FL 32955 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            PRESIDENT  
Name            YOUNG, CATHERINE L  
Address        834 PINE SHADOWS AVE  
City-State-Zip: ROCKLEDGE FL 32955

Title            ASST. TREASURER  
Name            WARE, JEANNETTE  
Address        201 PLANTATION CLUB DRIVE  
                  APARTMENT # 1107  
City-State-Zip: MELBOURNE FL 32940

Title            TREASURER  
Name            GREENE, CRYSTAL  
Address        PO BOX 48941  
City-State-Zip: TAMPA FL 33646

Title            SECRETARY  
Name            HOUSE, SYLVIA  
Address        13016 HOOSIER COURT  
City-State-Zip: HAGERSTOWN MD 21740

*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: CATHERINE B. YOUNG**

**PRESIDENT**

**01/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date