

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

DOCUMENT# N17000004145

**Entity Name:** SPIRIT ALIVE CHURCH, INC.

**Current Principal Place of Business:**

1064 RIDGEWOOD LN.  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

1064 RIDGEWOOD LN.  
ST. AUGUSTINE, FL 32086

**FEI Number: 82-1110450**

**Certificate of Status Desired: No**

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

COTTON, SANDRA  
1064 RIDGEWOOD LN.  
ST. AUGUSTINE, FL 32086 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/P  
Name COTTON, JAMES  
Address 1064 RIDGEWOOD LN.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D/T  
Name COTTON, SANDRA  
Address 1064 RIDGEWOOD LN.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name MCDONALD, LINDA  
Address 78 SAN BRISO WAY  
City-State-Zip: ST. AUGUSTINE FL 32092

Title D/S  
Name RHODES, BARBARA  
Address 130 OLD TOWN PARKWAY  
City-State-Zip: ST. AUGUSTINE FL 32084

Title D  
Name THOMAS, PATRICIA  
Address 710 ALEIDA DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D  
Name PRINE, MARY  
Address 230 MARIUS COURT  
City-State-Zip: ST. AUGUSTINE FL 32086

*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: SANDRA COTTON**

**TREASURER**

**01/29/2022**

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

\_\_\_\_\_  
Date