

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90330 015 \*\*\*\*61.25

**DOCUMENT # N03000004074**  
 1. Entity Name  
**LIFE TRANSFORMING MINISTRIES, INC.**

Principal Place of Business: 3360 S. OSPREY AVENUE #204B SARASOTA, FL 34239  
 Mailing Address: 3360 S. OSPREY AVENUE #204B SARASOTA, FL 34239



2. Principal Place of Business: 1400 TARPON CENTER DR #206 VENICE, FL 34285  
 3. Mailing Address: 1400 TARPON CENTER DR #206 VENICE, FL 34285

04082004 Chg-NP CR2E037 (10/03)

4. FEI Number: [Blank] Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: REITER, PATRICIA A REV. 3360 S. OSPREY AVENUE #204B SARASOTA, FL 34239  
 7. Name and Address of New Registered Agent: Name: REV. PATRICIA REITER, Street Address: 1400 TARPON CENTER DR. #206, City: VENICE, FL, Zip Code: 34285

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: *Patricia A. Reiter* DATE: 4/26/04  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25 Due by May 1, 2004  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: REITER, PATRICIA A REV. STREET ADDRESS: 3360 S. OSPREY AVENUE #204B CITY-ST-ZIP: SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 1400 TARPON CENTER DR. #206 CITY-ST-ZIP: VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: STANDIFER, SHIRLEY J REV. STREET ADDRESS: 3360 S. OSPREY AVENUE #204B CITY-ST-ZIP: SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 1970 N. Old Rt. 47 CITY-ST-ZIP: Monticello, IL 61856	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: REITER, ROBIN REV. STREET ADDRESS: 1722 MALABAR LAKES DRIVE N.E. CITY-ST-ZIP: PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SIEBERS, BRIAN STREET ADDRESS: 4100 POLLACK AVE. CITY-ST-ZIP: EVANSVILLE, IN 47714	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: Evansville, IN 47714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 like empowered.

SIGNATURE: *Patricia A. Reiter, President* DATE: 4/26/04 PHONE: 941-587-5581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PATRICIA A. REITER**