

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004074

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: LIFE TRANSFORMING MINISTRIES, INC.

**Current Principal Place of Business:**

1642 WAXWING CT.  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

1642 WAXWING CT.  
VENICE, FL 34293

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

REITER, PATRICIA A REV.  
1642 WAXWING CT.  
VENICE, FL 34293    US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: REITER, PATRICIA A REV.  
Address: 1642 WAXWING CT.  
City-St-Zip: VENICE, FL 34293

Title: STD                      ( ) Delete  
Name: STANDIFER, SHIRLEY J REV.  
Address: 1970 N. OLD RT. 47  
City-St-Zip: MONTICELLO, IL 61856

Title: D                      ( ) Delete  
Name: REITER, ROBIN REV.  
Address: 3775 7TH LANE  
City-St-Zip: VERO BEACH, FL 32968

Title: D                      ( ) Delete  
Name: SIEBERS, BRIAN  
Address: 4100 POLLACK AVE.  
City-St-Zip: EVANSVILLE, IN 47714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REV. PATRICIA A. REITER

RA

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date