

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 29, 2009  
Secretary of State**

DOCUMENT# N03000004074

Entity Name: LIFE TRANSFORMING MINISTRIES, INC.

**Current Principal Place of Business:**

633 ALHAMBRA RD.  
#1103  
VENICE, FL 34293

**New Principal Place of Business:**

**New Mailing Address:**

633 ALHAMBRA RD.  
#1103  
VENICE, FL 34293

**Current Mailing Address:**

1642 WAXWING CT.  
VENICE, FL 34285

FEI Number: 59-3613505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REITER, PATRICIA A REV.  
633 ALHAMBRA RD.  
#1103  
VENICE, FL 34285 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: 633 ALHAMBRA RD. #1103  
City-St-Zip: VENICE, FL 34285

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: STD (X) Change ( ) Addition  
Name: TARTER, SHIRLEY J REV.  
Address: 605 S. GULFSTREAM AVE. #2B  
City-St-Zip: SARASOTA, FL 34236

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

Title: D (X) Change ( ) Addition  
Name: SIEBERS, BRIAN  
Address: 210 OAK STREET  
City-St-Zip: EVANSVILLE, IN 47713

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA A. REITER

REV.

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date