

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009217

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: A LIFE FOR A LIFE MINISTRIES INC.

**Current Principal Place of Business:**

5201 PLAYPEN DR., UNIT 8  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

8459 LONE STAR RD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

5201 PLAYPEN DR., UNIT 8  
JACKSONVILLE, FL 32210

**New Mailing Address:**

8459 LONE STAR RD  
JACKSONVILLE, FL 32211

FEI Number: 94-3446039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWMAN, DANIEL R  
5201 PLAYPEN DR., UNIT 8  
JACKSONVILLE, FL 32210 US

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

NEWMAN, DANIEL R  
8459 LONE STAR RD  
JACKSONVILLE, FL 32211 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: DANIEL NEWMAN

04/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEWMAN, DANIEL R  
Address: 5201 PLAYPEN DR., UNIT 8  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: NEWMAN, SHENIKA  
Address: 5201 PLAYPEN DR., UNIT 8  
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: D (X) Change ( ) Addition  
Name: NEWMAN, DANIEL R  
Address: 8459 LONE STAR RD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Change ( ) Addition  
Name: NEWMAN, SHENIKA  
Address: 8459 LONE STAR RD  
City-St-Zip: JACKSONVILLE, FL 32211

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: DANIEL NEWMAN

MR.

04/13/2009

Electronic Signature of Signing Officer or Director

Date