## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004192

FILED Jun 29, 2005 Secretary of State

Entity Name: CHRISTIAN LIFE FOUNDATION MINISTRIES, INCORPORATED

9026 NW :	rincipal Place of Business:	New Principal Place of Business:	
MIAMI, FL	20TH AVENUE 33167 US		
Current N	lailing Address:	New Mailing Address:	
	GOLF DRIVE 331671845 US		
	ce with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.	Status Desired (X)
Name and	I Address of Current Registered Age	nt: Name and Address of New Register	ed Agent:
	AMES L ST GOLF DRIVE 331671845 US		
	named entity submits this statement fo e of Florida.	r the purpose of changing its registered office or registe	ered agent, or both,
SIGNATUI	RE:		
	Electronic Signature of Registere	ed Agent Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR
Fitle: Name: Address: City-St-Zip:	PD () Delete TERRY, JAMES L 12340 WEST GOLF DRIVE MIAMI, FL 33167	Title: ( ) Change ( ) Ado Name: Address: City-St-Zip:	dition
Name: Address:	D () Delete SCOTT, GENICE 1010 SHAW AVE OPA LOCKA, FL 33056	Title: ( ) Change ( ) Add Name: Address: City-St-Zip:	dition
Name: Address: City-St-Zip: Fitle: Name: Address:	SCOTT, GENICE 1010 SHAW AVE	Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SCOTT, GENICE 1010 SHAW AVE OPA LOCKA, FL 33056  S () Delete SLATER, SHENIKA 17311 NW 34TH AVENUE	Name: Address: City-St-Zip: Title: ( ) Change ( ) Add Name: Address:	dition
Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	SCOTT, GENICE 1010 SHAW AVE OPA LOCKA, FL 33056  S () Delete SLATER, SHENIKA 17311 NW 34TH AVENUE CAROL CITY, FL 33056  BMT () Delete COOLEY, EDNA 1521 NW 56TH STREET	Name: Address: City-St-Zip:  Title: Address: City-St-Zip:  Title: () Change () Address: City-St-Zip:  Title: () Change () Address: Address: Address:	dition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. TERRY PD 06/29/2005