2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2006
Secretary of State

DOCUMENT# N95000004192

Entity Name: CHRISTIAN LIFE FOUNDATION MINISTRIES, INCORPORATED

Current Principal Place of Business:

9026 NW 20TH AVENUE
MIAMI, FL 33167 US

New Principal Place of Business:

9026 NW 20TH AVENUE
MIAMI, FL 33147 US

Current Mailing Address:

12340 W. GOLF DRIVE
MIAMI, FL 331671845 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TERRY, JAMES L
12340 WEST GOLF DRIVE
MIAMI, FL 331671845 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: TERRY, JAMES L
Address: 12340 WEST GOLF DRIVE
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete
Name: SCOTT, GENICE
Address: 1010 SHAW AVE
City-St-Zip: OPA LOCKA, FL 33056

Title: S ( ) Delete
Name: SLATER, SHENIKA
Address: 17311 NW 34TH AVENUE
City-St-Zip: CAROL CITY, FL 33056

Title: BMT ( ) Delete
Name: COOLEY, EDNA
Address: 1521 NW 56TH STREET
City-St-Zip: MIAMI, FL 33142

Title: BMT ( ) Delete
Name: JULMISTE, DOROTHY
Address: 730 CURTIS DRIVE
City-St-Zip: OPA LOCKA, FL 33054

Title: BMTT ( ) Delete
Name: WALLACE, EDDIE
Address: 1823 NW 67TH ST.
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SCOTT, GENICE
Address: 1010 SHARAR AVE
City-St-Zip: OPA LOCKA, FL 33056

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: JAMES L. TERRY PD 05/28/2006

Electronic Signature of Signing Officer or Director — Date