

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716797

**FILED**  
**Apr 29, 2004**  
**Secretary of State****Entity Name:** TRUE LIFE CHURCH, INC.**Current Principal Place of Business:**11043 TRUE LIFE WAY  
CLERMONT, FL 34711**New Principal Place of Business:****Current Mailing Address:**11043 TRUE LIFE WAY  
CLERMONT, FL 34711**New Mailing Address:****FEI Number:** 59-2871273**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCKINLEY, ROBERT R  
12135 TOPAZ ST.  
CLERMONT, FL 34711 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:** P ( ) Delete  
**Name:** TAYLOR, MICHAEL S  
**Address:** 8021 LAKE NELLIE ROAD  
**City-St-Zip:** CLERMONT, FL 34711**Title:** V ( ) Delete  
**Name:** DEMPSEY, VIRGIL  
**Address:** 685 MINNEOLA AVE.  
**City-St-Zip:** CLERMONT, FL 34711**Title:** TD ( ) Delete  
**Name:** MCKINLEY, ROBERT R  
**Address:** 12135 TOPAZ ST.  
**City-St-Zip:** CLERMONT, FL 34711**Title:** S ( ) Delete  
**Name:** MCKINLEY, KATHRYN A  
**Address:** 12135 TOPAZ ST.  
**City-St-Zip:** CLERMONT, FL 34711**Title:** D (X) Delete  
**Name:** HENDERSON, EDWARD D  
**Address:** 10329 CARLSON CIR  
**City-St-Zip:** CLERMONT, FL 34711**Title:** D (X) Delete  
**Name:** HAASCH, ROBERT  
**Address:** 221 N. DISSTON AVE.  
**City-St-Zip:** CLERMONT, FL 34711**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** V (X) Change ( ) Addition  
**Name:** NEUBAUR, ARTHUR  
**Address:** PO BOX 560368  
**City-St-Zip:** MONTVERDE, FL 34756**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 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: ROBERT R. MCKINLEY

TD

04/29/2004

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