2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# 716797

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:	NEUBAUR, ARTHUR	
Address:	PO BOX 560368	
City-St-Zip:	MONTVERDE, FL 34756	
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	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	MCKINLEY, ROBERT R	
Address:	12135 TOPAZ ST.	
City-St-Zip:	CLERMONT, FL 34711	
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: ROBERT R. MCKINLEY TD 04/20/2006

Electronic Signature of Signing Officer or Director — Date