

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

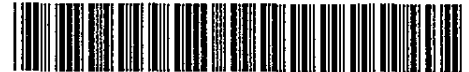
FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 755843		
1. Entity Name LIFE MINISTRIES, INC.		

Principal Place of Business 1183 CHESTNUT ST PO BOX 120156 CLERMONT FL 34712-0156	Mailing Address 1183 CHESTNUT ST PO BOX 120156 CLERMONT FL 34712-0156
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent SMITH, JEANNINE 1183 CHESNUT STREET CLERMONT FL 34712	
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4. FEI Number 59-2166991	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JEANNINE 1183 CHESTNUT ST. CLERMONT FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000238678 02/22/05-80009-018 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, IW 1183 CHESTNUT ST CLERMONT FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000238678 02/22/05-80009-018 8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICE, COLLENE 3239 NW 44TH PL GAINESVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICE, W. CLORE 3239 NW 44TH PLACE GAINESVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE Pat M. Smith, Pres. & Sec. 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #