

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755843

FILED
Jan 21, 2008
Secretary of State

Entity Name: LIFE MINISTRIES, INC.

Current Principal Place of Business:

1183 CHESTNUT ST
PO BOX 121005
CLERMONT, FL 347121005

New Principal Place of Business:

1183 CHESTNUT ST
CLERMONT, FL 347121005

Current Mailing Address:

PO BOX 121005
CLERMONT, FL 347121005

New Mailing Address:

FEI Number: 59-2166991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, JEANNINE
1183 CHESNUT STREET
CLERMONT, FL 34712 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: TD () Delete
Name: SMITH, JEANNINE,
Address: 1183 CHESTNUT ST.
City-St-Zip: CLERMONT, FL 347121005

Title: PD () Delete
Name: SMITH, IW,
Address: 1183 CHESTNUT ST
City-St-Zip: CLERMONT, FL 347121005

Title: SD () Delete
Name: DICE, COLLENE,
Address: 3239 NW 44TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: DICE, W. CLORE,
Address: 3239 NW 44TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: IW SMITH

PD

01/21/2008

Electronic Signature of Signing Officer or Director

Date