

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005772

FILED
Apr 23, 2005
Secretary of State

Entity Name: MASTERING LIFE MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 351149
JACKSONVILLE, FL 32235

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351149
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 62-1542382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, DAVID K
12638 CHAPELTOWN CIRCLE W.
JACKSONVILLE, FL 32225 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: PC () Delete
Name: FOSTER, DAVID
Address: 12638 CHAPELTOWN CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV () Delete
Name: BRYANT, JERRY
Address: 1400 DONELSON, A-3
City-St-Zip: NASHVILLE, TN 37217

Title: DS () Delete
Name: MARKS, RICHARD
Address: 886 PALERMO ROAD, STE G
City-St-Zip: JACKSONVILLE, FL 32216

Title: DT () Delete
Name: MURPHY, ED W
Address: 3330 E. MARTIN LUTHER KING BLVD.
City-St-Zip: HIGH SPRINGS, FL 32643

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: ALLEN, JOE
Address: RT. 2, BOX 3750
City-St-Zip: FOLKSTON, GA 31537

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: DAVID K. FOSTER

PC

04/23/2005

Electronic Signature of Signing Officer or Director

Date