

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90235 029 ****70.00

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01032005 Chg-NP CR2E037 (10/03)

DOCUMENT # F02000002179 1. Entity Name FUNDS FOR LIFE MINISTRIES, INC.					
Principal Place of Business 2601 RIDGMAR PLAZA SUITE 10 FORT WORTH, TX 76116			Mailing Address 2601 RIDGMAR PLAZA SUITE 10 FORT WORTH, TX 76116		
2. Principal Place of Business 4717 Fletcher Ave		3. Mailing Address 4717 Fletcher Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Fort Worth, TX		City & State Fort Worth, TX		4. FEI Number 75-1970191	
Zip 76107		Country Tarrant		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROVES, LLOYD 11211 SOUTH MILITARY TRAIL #1211 BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name Lloyd Groves Street Address (P.O. Box Number is Not Acceptable) 8078 Delmont Way City Boynton Beach FL Zip Code 33437		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LEVERETT, DON F 1304 GOLD DUST LANE SAGINAW, TX 76131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHNSON, JERRY L 11225 NORTHVIEW DR ALEDO, TX 76008	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:			Don F. Leverett		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 1-04-05 <small>Daytime Phone #</small> 817-731-7898		