


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000038	
1. Entity Name ETERNAL LIFE CONCEPTS, INC.	

Principal Place of Business 117 W. ANDERSON AVE. BUSHNELL, FL 33513	Mailing Address P.O. BOX 39 BUSHNELL, FL 33513
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01082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3621238	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COSTANZA, BRENDA L 401 N. WALL STREET LOT #6 BUSHNELL, FL 33513	DO NOT WRITE IN THIS SPACE
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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 Brenda L Costanza BRENDA L Costanza 2-23-05
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE PDC	NAME COSTANZA, BRENDA L
STREET ADDRESS 401 N WALL STREET, LOT #6	CITY-ST-ZIP BUSHNELL, FL 33513
TITLE DV	NAME COSTANZA, RICHARD A
STREET ADDRESS 117 W ANDERSON AVE	CITY-ST-ZIP BUSHNELL, FL 33513
TITLE STD	NAME THOMPSON, SCOTT G
STREET ADDRESS 117 W. ANDERSON AVE.	CITY-ST-ZIP BUSHNELL, FL 33513
TITLE D	NAME JONES, OBIE F PASTOR
STREET ADDRESS 2762 COUNTY ROAD 762	CITY-ST-ZIP WEBSTER, FL 33597
TITLE D	NAME JONES, KAREN
STREET ADDRESS 2762 COUNTRY ROAD 762	CITY-ST-ZIP WEBSTER, FL 33597
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

U00000244934
02/28/05-80002-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Scott G. Thompson Scott G. Thompson 2-23-05 352-569-0761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #