

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90067 008 ****70.00

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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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3621238

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

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 Brenda L Costanza
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
COSTANZA, BRENDA L
401 N WALL STREET, LOT #6
BUSHNELL, FL 33513** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
COSTANZA, RICHARD A
117 W ANDERSON AVE
BUSHNELL, FL 33513** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
THOMPSON, SCOTT G
117 W. ANDERSON AVE.
BUSHNELL, FL 33513** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, OBIE F PASTOR
2762 COUNTY ROAD 762
WEBSTER, FL 33597** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, KAREN
2762 COUNTY ROAD 762
WEBSTER, FL 33597** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DIVIT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DYS
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained 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 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: Brenda L Costanza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06
Date

352-569-0761
Daytime Phone #