

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000038

FILED
Apr 08, 2009
Secretary of State

Entity Name: ETERNAL LIFE CONCEPTS, INC.

Current Principal Place of Business:

117 W. ANDERSON AVE.
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 39
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 59-3621238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COSTANZA, BRENDA L
401 N. WALL STREET
LOT #6
BUSHNELL, FL 33513 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: PDC () Delete
Name: COSTANZA, BRENDA L
Address: 401 N WALL STREET, LOT #6
City-St-Zip: BUSHNELL, FL 33513

Title: DVT () Delete
Name: COSTANZA, RICHARD A
Address: 117 W ANDERSON AVE
City-St-Zip: BUSHNELL, FL 33513

Title: DS () Delete
Name: THOMPSON, SCOTT G
Address: 117 W. ANDERSON AVE.
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: JONES, OBIE F PASTOR
Address: 2762 COUNTY ROAD 762
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: JONES, KAREN
Address: 2762 COUNTRY ROAD 762
City-St-Zip: WEBSTER, FL 33597

Title: D () Delete
Name: PICKLE, BISHOP D
Address: 9121 DAMASCOS AVE
City-St-Zip: POLK CITY, FL 33688

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
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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: RICHARD A. COSTANZA

DVT

04/08/2009

Electronic Signature of Signing Officer or Director

Date