

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005187

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: L.I.F.E. MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

772 PRESERVE TERRACE  
HEATHROW, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 952317  
LAKE MARY, FL 327952317

**New Mailing Address:**

FEI Number: 59-3671880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALE, ROBERT H  
772 PRESERVE TERRACE  
HEATHROW, FL 32746 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: D ( ) Delete  
Name: EDWARDS, JIM  
Address: 813 EAGLE CLAW CT.  
City-St-Zip: LAKE MARY, FL 32746

Title: PD ( ) Delete  
Name: HALE, ROBERT H  
Address: 772 PRESERVE TERRACE  
City-St-Zip: HEATHROW, FL 32746

Title: STD ( ) Delete  
Name: HALE, JOHNA L  
Address: 772 PRESERVE TERRACE  
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Delete  
Name: PROCTOR, RALPH  
Address: 133 CARRIAGE HILL DRIVE  
City-St-Zip: CASSELBERRY, FL 32709

Title: VD (X) Delete  
Name: ELDREDGE, ROBERT B SR.  
Address: 1692 CHERRY RIDGE DR.  
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Delete  
Name: YACHER, NANCY  
Address: 2729 LOCKRIDGE DR  
City-St-Zip: LAWRENCE, KY 66047 US

**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: ( ) 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: ROBERT H. HALE

PD

04/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date