

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006506

FILED
Jan 05, 2005
Secretary of State

Entity Name: LIFE-HOUSE MINISTRIES, INC.

Current Principal Place of Business:

8401 ASHFORD PL.
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

8401 ASHFORD PL.
TRINITY, FL 34655

New Mailing Address:

FEI Number: 59-3672440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCILVAINE, JAMES
8401 ASHFORD PL.
TRINITY, FL 34655 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: MCILVAINE, JAMES
Address: 8401 ASHFORD PL.
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: MCILVAINE, MILLIE
Address: 8401 ASHFORD PL.
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: BOELTER, ROBERT
Address: 1185 SAWGRASS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: BOELTER, MARYANN
Address: 1185 SAWGRASS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: CRANFORD, ROBERT
Address: 4811 SHELL STREAM BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: CRANFORD, SONDR
Address: 4811 SHELL STREAM BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEVY, LEROY
Address: 4636 JUNIPER DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change () Addition
Name: LEVY, THORA
Address: 4636 JUNIPER DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change () Addition
Name: MULERO, J.R.
Address: 6444 MONTANA AVE.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Change () Addition
Name: MULERO, SUSIE
Address: 6444 MONTANA AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. MCILVAINE

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date