

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006506

FILED  
Mar 15, 2008  
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: LEVY, LEROY  
Address: 4636 JUNIPER DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

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

Title: D ( ) Delete  
Name: WALKER, WADE  
Address: 164 SOUTH 6TH STREET  
City-St-Zip: MILNER, GA 30257

Title: D ( ) Delete  
Name: WALKER, DERINDA  
Address: 164 SOUTH 6TH STREET  
City-St-Zip: MILNER, GA 30257

## 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: VINSON, MICHAEL  
Address: 5721 MOOG ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition  
Name: VINSON, MICHELLE  
Address: 5721 MOOG ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: JAMES L. MCILVAINE

PRES

03/15/2008

Electronic Signature of Signing Officer or Director

Date