

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006506

FILED
Jan 17, 2009
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: VINSON, MICHAEL
Address: 5721 MOOG ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

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

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: () 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: JAMES L. MCILVAINE

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date