

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 03, 2005  
Secretary of State

DOCUMENT# N01000001201

Entity Name: TRANSFORMING LIFE MINISTRY, INC.

**Current Principal Place of Business:**

240 MAGNOLIA CREEK RD.  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1360  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 59-3742180      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WEBSTER, JOHN  
240 MAGNOLIA CREEK RD.  
SANTA ROSA BEACH, FL 32459      US

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: PD      ( ) Delete  
Name: WEBSTER, JOHN  
Address: 240 MAGNOLIA CREEK RD.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D      ( ) Delete  
Name: WEBSTER, MARY  
Address: 240 MAGNOLIA CREEK RD.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D      ( ) Delete  
Name: CAPO, JIM  
Address: 146 MAGNOLIA CREEK RD.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D      ( ) Delete  
Name: CADARET, ROWAN  
Address: 403 BARNETT DR.  
City-St-Zip: EDWARDSBURG, IL

Title: VD      ( ) Delete  
Name: WEAVER, CHARLES P  
Address: 4510 RAINWOOD AVE  
City-St-Zip: NORTHPORT, AL 35475

**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:

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: JOHN P WEBSTER

PD

05/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date