

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001201

FILED
May 03, 2005
Secretary of State

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