

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001201

FILED
Apr 25, 2007
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 ()

Name and Address of Current Registered Agent:

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

PD

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date