2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# N01000003873

Entity Name: TRUE LIFE MINISTRIES, WHERE HOLINESS IS THE ONLY TRUE WAY TO LIVE, INC.

Current Principal Place of Business:

11122 SOUTH WEST 166 TERRACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

11122 SOUTH WEST 166 TERRACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-1111712 **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:

HARRELL, SHARON A
24052 SW 107 AVENUE
HOMESTEAD, FL 33032 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: GODBOLT, JERRY L
Address: 11122 SOUTH WEST 166 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: DV ( ) Delete
Name: GODBOLT, QUINSETTE P
Address: 11122 SOUTH WEST 166 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: BROWN, THERESA
Address: 20510 SW 82 AVENUE
City-St-Zip: MIAMI, FL 33189

Title: S ( ) Delete
Name: HARRELL, SHARON
Address: 24052 SW 107 AVENUE
City-St-Zip: HOMESTEAD, FL 33032

Title: T (X) Delete
Name: BURTON, MYRON
Address: 11035 SW 142 LANE
City-St-Zip: MIAMI, FL 33176

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: GODBOLT, HANNAH
Address: 3363 PERCIVAL AVE
City-St-Zip: COCONUT GROVE, FL 33133

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: JERRY L. GODBOLT PD 05/09/2007

Electronic Signature of Signing Officer or Director — Date