

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007665

FILED
Aug 25, 2007
Secretary of State

Entity Name: LORD OF LIFE MINISTRIES, INC.

Current Principal Place of Business:

3043 CABLE DR.
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

C/O REV. JAMES STEPHENSON
113 TUGALOO CT
ROEBUCK, SC 29376

New Mailing Address:

FEI Number: 59-3753621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

STEPHENSON, ADAM
39650 US 19 NORTH
TARPON SPRINGS, FL 34689 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: P () Delete
Name: STEPHENSON, JAMES REV
Address: 113 TUGALOO CT
City-St-Zip: ROEBUCK, SC 29376

Title: D () Delete
Name: WOLFF, WILLIAM REV
Address: 3087 TARPON WOODS BLVD.
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: STEGGMAN, ROBERT REV
Address: 1721 NELDA LANE
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: STEPHENSON, CHRISTINE
Address: 113 TUGALOO CT
City-St-Zip: ROEBUCK, SC 29376

Title: D () Delete
Name: LLOYD, JOHN REV
Address: 2810 COUNTRYSIDE BLVD., #1
City-St-Zip: CLEARWATER, FL 33761

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: JAMES G. STEPHENSON

P

08/25/2007

Electronic Signature of Signing Officer or Director

_____ Date