

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N01000008338

**FILED**  
**Oct 26, 2004**  
**Secretary of State****Entity Name:** TRUE LIFE MINISTRIES, INC.**Current Principal Place of Business:**1801 E OSBORNE AVE  
TAMPA, FL 33604**New Principal Place of Business:****Current Mailing Address:**PO BOX 310654  
TAMPA, FL 33680**New Mailing Address:****FEI Number:** 59-3757018**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GREEN, CALVIN  
1801 E OSBORNE AVE  
TAMPA, FL 33604 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: GREEN, CALVIN  
Address: 4201 E 98TH AVE  
City-St-Zip: TAMPA, FL 33617

Title: V ( ) Delete  
Name: GREEN, ANGELA M  
Address: 4201 E 98TH AVE.  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: GREEN, ANGELA M  
Address: 4201 E 98TH AVE  
City-St-Zip: TAMPA, FL 33617

Title: T ( ) Delete  
Name: JOHNSON, STACY  
Address: 3715 MISTWOOD DR.  
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete  
Name: LEWIS, CATHY  
Address: 10410 ZACKERY CIRCLE #31  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: CLARK, DEONDRA  
Address: 7008 12TH AVE. SOUTH  
City-St-Zip: TAMPA, FL 33619

**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:

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: CALVIN GREEN

P

10/26/2004

Electronic Signature of Signing Officer or Director

Date