

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008338

FILED
May 09, 2005
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 ()
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:

GREEN, CALVIN
1801 E OSBORNE AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

GREEN, CALVIN
808 E. OKALOOSE ST.
TAMPA, FL 33604 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: CALVIN GREEN

05/09/2005

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 (X) 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

05/09/2005

Electronic Signature of Signing Officer or Director

Date