

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000008338

FILED
Sep 01, 2008
Secretary of State

Entity Name: TRUE LIFE MINISTRIES, INC.

Current Principal Place of Business:

808 E. OKALOOSA ST.
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)**
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:

Name and Address of New Registered Agent:

GREEN, CALVIN
808 E. OKALOOSA 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

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: T () Delete
Name: DAVIS, CELESTINE R
Address: 1715 PAINTBRANCH WAY
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: KNIGHT, TIFFONE
Address: 11728 N. 58TH ST #3
City-St-Zip: TAMPA, FL 33617

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:

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: CALVIN GREEN

P

09/01/2008

Electronic Signature of Signing Officer or Director

Date