2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# N01000008338

Entity Name: TRUE LIFE MINISTRIES, INC.

Current Principal Place of Business:

11106 N 30TH STREET
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
808 E. OKALOOSE ST.
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
Name: GREEN, CALVIN
Address: 4201 E 98TH AVE
City-St-Zip: TAMPA, FL 33617

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

Title: D
Name: REYES, FELITA D
Address: 8697 WHITE SWAN DR. # 203
City-St-Zip: TAMPA, FL 33614

Title: D
Name: SOLOMON, CURTIS A
Address: 4201 E SEWAHA ST.
City-St-Zip: TAMPA, FL 33617

Title: D
Name: KILPATRICK, BEVERLY J
Address: 1512 E SHADOWLAWN AVE
City-St-Zip: TAMPA, FL 33610

Title: D
Name: O'NEAL, JACQUELINE
Address: 9715 NORTH ARMENIA AVE
City-St-Zip: TAMPA, FL 33612

I hereby 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 all other like empowered.

SIGNATURE: CALVIN GREEN P 04/30/2011

Electronic Signature of Signing Officer or Director — Date