

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90210 002 ****61.25

DOCUMENT # N02000002439

1. Entity Name

ETERNAL LIFE CHRISTIAN MINISTRIES, INC



Principal Place of Business

291 S CHIPPER RD
CANTONMENT FL 32533

Mailing Address

P.O. BOX 255
CANTONMENT FL 32533

2. Principal Place of Business

8025 N. Palatfox

3. Mailing Address

P.O. Box 255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Cantonment, FL

Zip

32534

Country

Escambia

Zip

32533

Country

Escambia

6. Name and Address of Current Registered Agent

BROOKS, ANGELA D
291-298 S CHIPPER RD
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

30-0090031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GOULD, MICHAEL A
STREET ADDRESS 291 S CHIPPER RD
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☐ Delete
NAME GOULD, REGINAL A
STREET ADDRESS 291 S CHIPPER RD
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☐ Delete
NAME HENDERSON, DIANNAL
STREET ADDRESS 291 S CHIPPER RD
CITY-ST-ZIP CANTONMENT FL 32533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-2005

Date

Daytime Phone #