

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003841

Entity Name: LIFE GIVING MINISTRY, INC.

FILED
May 24, 2004
Secretary of State

Current Principal Place of Business:

2791 PINE HILLS ROAD
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

2791 PINE HILLS ROAD
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 81-0616529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, AL
2791 PINE HILLS ROAD
ORLANDO, FL 32808

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AD () Change (X) Addition
Name: BICKHAM, LYNETTA F
Address: 3200 GREEN ST.
City-St-Zip: STEGER, IL 60411 CO

Title: SE () Change (X) Addition
Name: BICKHAM, RAMON
Address: 3200 GREEN ST.
City-St-Zip: STEGER, IL 60411 CO

Title: TR () Change (X) Addition
Name: SLATER, DANA T
Address: 4942 N.62ND. ST
City-St-Zip: MILWAUKEE, WI 53218 WI

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: LYNETTA TRICE BICKHAM

AD

05/24/2004

Electronic Signature of Signing Officer or Director

Date