2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004567

City-St-Zip:

KISSIMMEE, FL 34744

Entity Name: LIFE FOCUS MINISTRIES INC

FILED Jan 14, 2006 Secretary of State

The second of th						
Current Principal Place of Business:				New Principal Place of Business:		
1146 E PLA WINTER G	ANT ST ARDEN, FL 34	1787				
Current Mailing Address:				New Mailing Address:		
1146 E PLA WINTER G	NT ST ARDEN, FL 34	1787				
FEI Number:	56-2363502	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
HODGES, GEORGE 585 S RONALD REAGAN BLVD STE 121 LONGWOOD, FL 327505462 US				PITTS, MARY E 7306 BRIARLYN COURT ORLANDO, FL 328185781 US		
The above in the State		ıbmits this statement for the p	urpose of chang	ing its registere	ed office or registered agent, or both,	
SIGNATURE: MARY E. PITTS					01/14/2006	
	Electronic	Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ()	СТ	Title: Name: Address City-St-J		() Change () Addition	
Title: Name: Address: City-St-Zip:	DV ()E PITTS, MARY E 7306 BRIARLYN ORLANDOGARD		Title: Name: Address City-St-J			
Title: Name: Address: City-St-Zip:	DS ()[NEWTON, GARY 2109 STRYKER ORLANDO, FL 3	ST	Title: Name: Address City-St-J		() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () E SINCLAIR, GAIL 5309 MICCO DR ORLANDO, FL 3	Delete 2839	Title: Name: Address City-St-J		() Change () Addition	
Title: Name: Address:	D () E PAUL, ISAIAH 1373 ROCKY RE	Delete	Title: Name: Address	:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: MARY E. PITTS DV 01/14/2006