

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004567

FILED
Jan 11, 2007
Secretary of State

Entity Name: LIFE FOCUS MINISTRIES, INC.

Current Principal Place of Business:

1146 E PLANT ST
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1146 E PLANT ST
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 56-2363502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PITTS, MARY E
7306 BRIARLYN COURT
ORLANDO, FL 328185781 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: DP () Delete
Name: PITTS, EDWARD L
Address: 7306 BRIARLYN CT
City-St-Zip: ORLANDO, FL 32818

Title: DV () Delete
Name: PITTS, MARY E
Address: 7306 BRIARLYN CT
City-St-Zip: ORLANDO, FL 32818

Title: DS () Delete
Name: NEWTON, GARY
Address: 2109 STRYKER ST
City-St-Zip: ORLANDO, FL 32805

Title: DT () Delete
Name: SINCLAIR, GAIL
Address: 5309 MICCO DR
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: PAUL, ISIAH
Address: 1373 ROCKY RD
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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 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: MARY E. PITTS

VP

01/11/2007

Electronic Signature of Signing Officer or Director

Date