



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000506 1. Entity Name FULL LIFE COVENANT MINISTRIES, INC.						FILED 05 JAN 27 PM 1:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6377 SINKOLA DR TALLAHASSEE, FL 32312				Mailing Address 6377 SINKOLA DR -TALLAHASSEE, FL 32312			
2. Principal Place of Business		3. Mailing Address P.O. Box 38421					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State TALLAHASSEE, FL					
Zip		Country		Zip 32315-8421		Country USA	
6. Name and Address of Current Registered Agent LORENZO, JOSÉ B JR 6377 SINKOLA DR TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Rev. Jose Blas Lorenzo Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/27/05 <small>Date</small>			
850-566-7779 <small>Daytime Phone #</small>							