

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 29, 2007
Secretary of State**

DOCUMENT# N04000001089

Entity Name: LIFE SOURCE MINISTRIES, INC.

Current Principal Place of Business:

919 S. COMBEE RD.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

919 S. COMBEE RD.
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 20-0690085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEDER, MARK
1633 CRYSTAL VIEW TRAIL
LAKELAND, FL 33801 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: PTD () Delete
Name: REEDER, MARK
Address: 1633 CRYSTALVIEW TRAIL
City-St-Zip: LAKELAND, FL 33801

Title: VSD () Delete
Name: REEDER, VALERIE
Address: 1633 CRYSTALVIEW TRAIL
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: BILODEAU, DONALD
Address: 3252 GRAND PINES DR.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
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: MARK REEDER

PTD

01/29/2007

Electronic Signature of Signing Officer or Director

_____ Date