2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002582

1. Entity Name
SOURCE OF LIFE MINISTRIES, INC.

Principal Place of Business	Mailing Address
4031 EDDIE PAGE ROAD PERRY, FL 32347 US	4031 EDDIE PAGE ROAD PERRY, FL 32347 US

01192006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1623109

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLT, CYNTHIA A
4031 EDDIE PAGE ROAD
PERRY, FL 32347

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLT, CYNTHIA A
STREET ADDRESS	4031 EDDIE PAGE ROAD
CITY-ST-ZIP	PERRY, FL 32347
TITLE	VP
NAME	HOLT, ROGER D
STREET ADDRESS	4031 EDDIE PAGE ROAD
CITY-ST-ZIP	PERRY, FL 32347
TITLE	T
NAME	LYTLE, JANICE M
STREET ADDRESS	119 HIGHLAND ROAD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	S
NAME	DAVIS, CHRISSY A
STREET ADDRESS	4011 EDDIE PAGE ROAD
CITY-ST-ZIP	PERRY, FL 32347
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000396498
01/30/06-80012-017 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Cynthia A. Holt 1-20-06 H 850-584-4808 850-843-3111 ee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #