2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# N04000006274

Entity Name: ETERNAL LIFE CHRISTIAN FELLOWSHIP, INC

Current Principal Place of Business:

6407 SAGEWOOD DR
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

6407 SAGEWOOD DR
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 86-1110224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREEN, WILLIE L
6407 SAGEWOOD DR
ORLANDO, FL 32818 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: GREEN, WILLIE L
Address: 6407 SAGEWOOD DR
City-St-Zip: ORLANDO, FL 32818

Title: DT ( ) Delete
Name: GREEN, DAOSY E
Address: 6407 SAGEWOOD DR
City-St-Zip: ORLANDO, FL 32818

Title: DS ( ) Delete
Name: WILLIAMS, DWIGHT E
Address: 4789 N. PINE HILLS RD. #104
City-St-Zip: ORLANDO, FL 32808

Title: C ( ) Delete
Name: WHITE, EMORY
Address: 5433 WOOD CROSSING ST.
City-St-Zip: ORLANDO, FL 32811

Title: S ( ) Delete
Name: MARSHALL, TIERRA
Address: 3940 W.D. JUDGE DR.
City-St-Zip: ORLANDO, FL 32808

Title: ME ( ) Delete
Name: COLEMAN, DESERAE
Address: 3024 N. POWERS DR., APT. 155
City-St-Zip: ORLANDO, FL 32818

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:

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: WILLIE L. GREEN DP 03/24/2006

Electronic Signature of Signing Officer or Director — Date