

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002420

FILED  
Feb 23, 2007  
Secretary of State

Entity Name: MORE 2 LIFE MINISTRIES, INC

## Current Principal Place of Business:

195 SW 28TH STREET  
OKEECHOBEE, FL 34974

## New Principal Place of Business:

605 WEST S. PARK STREET  
SUITE 214  
OKEECHOBEE, FL 34972

## Current Mailing Address:

195 SW 28TH STREET  
OKEECHOBEE, FL 34974

## New Mailing Address:

605 WEST S. PARK STREET  
SUITE 214  
OKEECHOBEE, FL 34972

FEI Number: 20-2645914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCKEE, CARY L  
420 SW 17TH AVE  
OKEECHOBEE, FL 34974 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: P ( ) Delete  
Name: MCKEE, CARY L  
Address: 420 SW 17TH AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP ( ) Delete  
Name: GARNER, JAMES  
Address: 13140 NE 4TH TERR  
City-St-Zip: OKEECHOBEE, FL 34972

Title: CA/D ( ) Delete  
Name: GARNER, JOHN T  
Address: 2200 SW 3RD AVE  
City-St-Zip: OKEECHOBEE, FL 34974

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D/T (X) Change ( ) Addition  
Name: GARNER, JOHN T  
Address: 1517 SW 7TH AVE.  
City-St-Zip: OKEECHOBEE, FL 34974

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: JOHN T. GARNER

D/T

02/23/2007

Electronic Signature of Signing Officer or Director

Date