

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002420

FILED
Feb 27, 2009
Secretary of State

Entity Name: MORE 2 LIFE MINISTRIES, INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2645914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: D/T () Delete
Name: GARNER, JOHN T
Address: 1208 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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

02/27/2009

Electronic Signature of Signing Officer or Director

Date