

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002420

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** MORE 2 LIFE MINISTRIES, INC

**Current Principal Place of Business:**

605 SW PARK STREET  
SUITE 214  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

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

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

**Title:** D/T  
**Name:** GARNER, JOHN T  
**Address:** 1208 SW 3RD AVE.  
**City-St-Zip:** OKEECHOBEE, FL 34974

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN THOMAS GARNER

**REV.**

**01/10/2012**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date