

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003676

FILED
Mar 02, 2008
Secretary of State

Entity Name: LIVING THE LIFE MINISTRIES, INC.

Current Principal Place of Business:

1216 SHARAZAD BLVD.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

1216 SHARAZAD BLVD.
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 30-0311396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, FRANKIE B
1216 SHARAZAD BLVD.
OPA LOCKA, FL 33054 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: QUINN, FRANKIE B
Address: 1216 SHARAZAD BLVD.
City-St-Zip: OPA LOCKA, FL 33054

Title: DVP () Delete
Name: LEWIS-QUIN, FAYE Y
Address: 1216 SHARAZAD BLVD.
City-St-Zip: OPA LOCKA, FL 33054

Title: DST () Delete
Name: GILBERT, TAMARA S
Address: 1551 NE 157TH ST.
City-St-Zip: NORTH MIAMI, FL 33162

Title: DMD () Delete
Name: QUINN, CLINTON IZAILE
Address: 1216 SHARAZAD BLVD
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change () Addition
Name: GILBERT, TAMARA S
Address: 1551 NE 167TH ST.
City-St-Zip: NORTH MIAMI, FL 33162

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: FRANKIE B QUINN

DP

03/02/2008

Electronic Signature of Signing Officer or Director

Date