2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N05000008371

Entity Name: REAL LIFE FAMILY MINISTRIES, INC.

Current Principal Place of Business:

2454 E. BURR OAK CT.
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

2454 E. BURR OAK CT.
SARASOTA, FL 34232 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SCHROCK, ERIC J
2454 E. BURR OAK CT.
SARASOTA, FL 34232 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: SCHROCK, ERIC J
Address: 2454 E. BURR OAK CT.
City-St-Zip: SARASOTA, FL 34232 US

Title: VP ( ) Delete
Name: SCHROCK, CYNTHIA J
Address: 2454 E. BURR OAK CT.
City-St-Zip: SARASOTA, FL 34232 US

Title: D ( ) Delete
Name: KUTINSKY, RON
Address: 6622 MARTHA RD.
City-St-Zip: PARRISH, FL 34219 US

Title: D ( ) Delete
Name: MCINTEE, DENNIS
Address: 144 PERIGON CT.
City-St-Zip: GREENVILLE, SC 29607 US

Title: D ( ) Delete
Name: HEISER, RENEE
Address: 4454 LITTLE JOHN TR.
City-St-Zip: SARASOTA, FL 34232 US

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:

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: CYNTHIA SCHROCK VP 04/07/2009

Electronic Signature of Signing Officer or Director — Date