## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 21, 2008 08:00 AN Secretary of State DOCUMENT # N0600000368 1. Entity Name TRUÉ LIFE CHRISTIAN CHURCH INC. Principal Place of Business Mailing Address **281 BRENT LANE 3746 BEAGLES STREET** PENSACOLA, FL 32503 PENSACOLA, FL 32514 04182008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0578266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FICKLING, DEBRA A DO NOT WRITE 3746 BEAGLES STREET PENSACOLA, FL 32514 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. M-18-08 eliza a Fickling (NOTE, Registered Agent signature required when reinstating). 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 000000913749 TITLE US/UK/U8-8UU29-UU3 70.00 FICKLING, SHANE P STREET ADDRESS **3746 BEAGLES STREET** CITY-ST-ZIP PENSACOLA, FL 32514 TITLE NAME FICKLING, DEBRA A STREET ADDRESS **3746 BEAGLES STREET** PENSACOLA, FL 32514 CITY-ST-ZIP TITLE **TRES** NAME FICKLING, SHANE P STREET ADDRESS **3746 BEAGLES STREET** DO NOT WRITE CiTY-ST-ZIP PENSACOLA, FL 32514 IN THIS SPACE TITLE NAME FICKLING, DEBRA A STREET ADDRESS **3746 BEAGLES STREET** CITY-ST-ZIP PENSACOLA, FL 32514 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP