2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2009
Secretary of State

DOCUMENT# N06000003096

Entity Name: CHRIST OUR LIFE MINISTRIES, INC.

Current Principal Place of Business:

1744 32ND AVE.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1744 32ND AVE.
VERO BEACH, FL 32960

New Mailing Address:

P.O. BOX 612219
VERO BEACH, FL 32961 US

FEI Number: 20-3413483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILLIPS, WILLIAM L
1744 32ND AVE.
VERO BEACH, FL 32960 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:	PHILLIPS, WILLIAM L	
Address:	1744 32ND AVE.	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	S	( ) Delete
Name:	PHILLIPS, KAREN	
Address:	1744 32ND AVE.	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	D	( ) Delete
Name:	LLOYD, ALAN	
Address:	118 WAX MRYTLE DRIVE	
City-St-Zip:	LEESBURG, GA 31763	
Title:	D	( ) Delete
Name:	GREGORY, LEWIS	
Address:	4555 AMMISTOWN RD	
City-St-Zip:	SNELLVILLE, GA 330397307	
Title:	D	( ) Delete
Name:	GREGORY, LUELLEN	
Address:	4555 AMMISTOWN RD	
City-St-Zip:	SNELLVILLE, GA 330397307	

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:	D	(X) Change ( ) Addition
Name:	GREGORY, LEWIS	
Address:	4555 ANNISTOWN RD	
City-St-Zip:	SNELLVILLE, GA 30039	
Title:	D	(X) Change ( ) Addition
Name:	GREGORY, LUELLEN	
Address:	4555 ANNISTOWN RD	
City-St-Zip:	SNELLVILLE, GA 30039	

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: KAREN A PHILLIPS S 07/28/2009
Electronic Signature of Signing Officer or Director — Date