

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005486

FILED
Apr 23, 2008
Secretary of State

Entity Name: CHOOSE LIFE MINISTRIES, INC.

Current Principal Place of Business:

6781 NW 27TH AVENUE
#2
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 694824
MIAMI, FL 33269 US

New Mailing Address:

FEI Number: 26-0811946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAMP NOVE, MARZETTA E
6781 NW 27TH AVENUE
#2
MIAMI, FL 33147 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: STAMP NOVE, MARZETTA E
Address: P.O. BOX 694824
City-St-Zip: MIAMI, FL 33269 US

Title: VP () Delete
Name: STAMP, ROSE M
Address: #PTY 8586-1601 NW 97TH AVE, PO BOX 025207
City-St-Zip: MIAMI, FL 33102 US

Title: TREA () Delete
Name: MONTENEGRO, LORESTINA L
Address: 4327 RAVENSWORTH RD #313
City-St-Zip: ANNANDALE, VA 22003 US

Title: SEC () Delete
Name: COLE, DORIS L
Address: 8560 NORTH SHERMAN CIRCLE #507
City-St-Zip: MIRAMAR, FL 33025 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: SEC (X) Change () Addition
Name: COLE, DORIS L
Address: 464 NW 82 TERRACE
City-St-Zip: MIAMI, FL 33150 US

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: MARZETTA E. STAMP NOVE

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date