2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N07000007428

Entity Name: JUST LIFE MINISTRIES, INC

Current Principal Place of Business:

9122 W ATLANTIC BLVD
#738
CORAL SPRINGS, FL 33071

New Principal Place of Business:

4361 ROCK ISLAND RD
LAUDERHILL, FL 33319

Current Mailing Address:

9122 W ATLANTIC BLVD
#738
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 26-0669401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUCK MOGBO, P.A.
2800 W OAKLAND PARK BOULEVARD
SUITE 209
OAKLAND PARK, FL 33311 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: PD ( ) Delete
Name: FARQUHARSON, MICHAEL W
Address: 9122 W ATLANTIC BLVD, #738
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD ( ) Delete
Name: FARQUHARSON, HEATHER J
Address: 9122 W ATLANTIC BLVD, #738
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: FARQUHARSON, CLAUDETTE M
Address: 9122 W ATLANTIC BLVD, #738
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD ( ) Delete
Name: FARQUHARSON, JANET J
Address: 9122 W ATLANTIC BLVD, #738
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD ( ) Delete
Name: FARQUHARSON, DOMINIQUE R
Address: 9122 W ATLANTIC BLVD, #738
City-St-Zip: CORAL SPRINGS, FL 33071

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: JANET FARQUHARSON VPD 03/08/2009
Electronic Signature of Signing Officer or Director — Date