2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N07000009544

Entity Name: RADICAL LIFE MINISTRIES, INC.

Current Principal Place of Business:

5515 NE 255TH DR
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

PO BOX 1248
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 26-1118978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNAPP, DAVID
5515 NE 255TH DR
MELROSE, FL 32666 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: D ( ) Delete
Name: KNAPP, DAVID
Address: 5515 NE 255TH DR
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete
Name: KNAPP, PAMELA G
Address: 5515 NE 255TH DR
City-St-Zip: MELROSE, FL 32666

Title: D ( ) Delete
Name: BOYD, JERRY J
Address: 210 SW NIGHTINGALE STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D ( ) Delete
Name: HEIER, PAUL
Address: 914 GREENWOOD AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D ( ) Delete
Name: JARAMILLO, DIEGO
Address: 688 CAMP FRANCIS JOHNSON
City-St-Zip: ORANGE PARK, FL 32065

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: KNAPP, JOSEPH
Address: 5515 NE 255TH DRIVE
City-St-Zip: MELROSE, FL 32656

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: JERRY J BOYD TRES 04/16/2009

Electronic Signature of Signing Officer or Director — Date