

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007201

FILED  
Feb 26, 2012  
Secretary of State

**Entity Name:** LIFE REDEMPTION MINISTRIES, INC.

**Current Principal Place of Business:**

5438 COLD SPRING LN  
NORTH PORT, FL 34290

**New Principal Place of Business:**

5438 COLD SPRING LN  
NORTH PORT, FL 34291

**Current Mailing Address:**

1181 SOUTH SUMTER BLVD.  
# 103  
NORTH PORT, FL 34287

**New Mailing Address:**

PO BOX 7393  
NORTH PORT, FL 34290

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEMEK, THEODORE J  
1181 SOUTH SUMTER BLVD.  
#103  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

LEMEK, THEODORE J REV  
5438 COLD SPRING LN  
NORTH PORT, FL 34291 US

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: REV. THEODORE LEMEK

02/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEMEK, THEODORE J REV  
Address: 5438 COLD SPRING LN  
City-St-Zip: NORTH PORT, FL 34291 US

Title: SEC  
Name: BURKE, BRANDON  
Address: 5438 COLD SPRING LN.  
City-St-Zip: NORTH PORT, FL 34291 US

Title: TRES  
Name: RUSSELL, EDMUND J  
Address: 5438 COLD SPRING LN  
City-St-Zip: NORTH PORT, FL 34291 US

I hereby 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 all other like empowered.

SIGNATURE: REV. THEODORE LEMEK

BIS

02/26/2012

Electronic Signature of Signing Officer or Director

Date