


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N21854 1. Entity Name LORD OF LIFE MINISTRY, INC. |  |
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| Principal Place of Business 1635 NEPTUNE RD KISSIMMEE, FL 34744 US | Mailing Address 1635 NEPTUNE RD KISSIMMEE, FL 34744 US |
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03082006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 59-2929435 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 5. Name and Address of Current Registered Agent MILLER, LEWIS A 1635 NEPTUNE ROAD KISSIMMEE, FL 34744 |
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lewis A. Miller* *Lewis A. Miller* *03/08/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10000001465006
03/22/06-80035-023 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GRAVES, LINDLEY T JR 16 EL PORTAL DRIVE TEQUESTA, FL 33469 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MILLER, JOANNA P 1635 NEPTUNE ROAD KISSIMMEE, FL 34744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HANSEN, LLOYD G 1150 SW CHAPMAN WAY #309 PALM CITY, FL 34990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOODWIN, MICHAEL J. P.O. BOX 264 FESTUS, MO 63028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POPPELL, JOHNNIE D 6949-15TH AVE. N SAINT PETERSBURG, FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RICHARDSON, DENNIS 7335 SW 183RD PLACE BEAVERTON, OR 97007 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: *Joanna P. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/06 *407-983-0664*
Date Daytime Phone if

Joanna P. Miller