2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# N21854

Entity Name: LORD OF LIFE MINISTRY, INC.

Current Principal Place of Business:

5714 PALEO PINES CIRCLE
FORT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

5714 PALEO PINES CIRCLE
FORT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 59-2929435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, LEWIS A
5714 PALEO PINES CIRCLE
FORT PIERCE, FL 34951 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:	DP	( ) Delete
Name:	GRAVES, LINDLEY T JR	
Address:	16 EL PORTAL DRIVE	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	DST	( ) Delete
Name:	MILLER, JOANNA P	
Address:	5714 PALEO PINES CIRCLE	
City-St-Zip:	FORT PIERCE, FL 34951	
Title:	D	( ) Delete
Name:	HANSEN, LLOYD G	
Address:	1150 SW CHAPMAN WAY #309	
City-St-Zip:	PALM CITY, FL 34990	
Title:	D	( ) Delete
Name:	GOODWIN, MICHAEL J.	
Address:	P.O. BOX 264	
City-St-Zip:	FESTUS, MO 63028	
Title:	D	( ) Delete
Name:	POPNELL, JOHNNIE D	
Address:	6949-15TH AVE. N	
City-St-Zip:	SAINT PETERSBURG, FL 33710	
Title:	D	( ) Delete
Name:	RICHARDSON, DENNIS	
Address:	7335 SW 183RD PLACE	
City-St-Zip:	BEAVERTON, OR 97007	

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:	( ) 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: JOANNA P. MILLER DST 01/05/2008
Electronic Signature of Signing Officer or Director — Date