

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36126

FILED
Feb 07, 2006
Secretary of State

Entity Name: ISSUES OF LIFE MINISTRY, INC.

Current Principal Place of Business:

4530 NW 52ND ST
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

4530 NW 52ND ST
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 65-0168755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, JAMES E
4530 NE 52ND ST
COCONUT CREEK, FL 33073 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: WOODS, JAMES E
Address: 4530 NW 52ND ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: DVPT () Delete
Name: WOODS, JANIE
Address: 4530 NW 52ND ST
City-St-Zip: COCONUT CREEK, FL 33173

Title: D () Delete
Name: RILES, DORIS
Address: 4530 NW 52ND STREET
City-St-Zip: COCONUT CREEK, FL 33173

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES WOODS

PRES

02/07/2006

Electronic Signature of Signing Officer or Director

Date