

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38101

FILED
Mar 27, 2009
Secretary of State

Entity Name: LIFE MINISTRIES OF LABELLE, INC.

Current Principal Place of Business:

725 WEST HWY 80
LABELLE, FL 33935 US

New Principal Place of Business:

Current Mailing Address:

% RALPH ELVER
P.O. DRAWER 2280
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-0202092 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ELVER, RALPH
301 W S.R. 80, SUITE 201
LABELLE, FL 33935 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: DV () Delete
Name: NICHOLSON, RALPH W MR.
Address: 1216 CAPTAIN HENDRY DR.
City-St-Zip: LABELLE, FL 33935 US

Title: SD () Delete
Name: WILLIAMS, DIANA MRS.
Address: 201 CHURCH WAY
City-St-Zip: LABELLE, FL 33935 US

Title: T () Delete
Name: SHERROD, CAREY MRS.
Address: 1075 HERITAGE RD.
City-St-Zip: FELDA, FL 33930 US

Title: D () Delete
Name: PENA, RICARDO I MR.
Address: 4970 SEMINOLE AVENUE, SW.
City-St-Zip: LABELLE, FL 33935 US

Title: D () Delete
Name: ALEXANDER, AARON MR.
Address: 4785 CRESCENT AVE. SW
City-St-Zip: LABELLE, FL 33935 US

Title: PD () Delete
Name: RODRIGUEZ, JORGE D MR.
Address: 726 CALOOSA ESTATES DRIVE
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORBITT, BRUCE JR. MR.
Address: 345 7TH AVENUE
City-St-Zip: LABELLE, FL 33935 US

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 (X) Change () Addition
Name: SANTIAGO, EFRAIN MR.
Address: 4047 OAK HAVEN DRIVE
City-St-Zip: LABELLE, FL 33935 US

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: JORGE D. RODRIGUEZ

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date