


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90029 048 ****61.25

DOCUMENT # N47050
 1. Entity Name
BOOK OF LIFE EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business
**3640 MIRAMONTES CIRCLE
 C/O JENNIFER A. WELLS
 WELLINGTON, FL 33414-8823 US**

Mailing Address
**3640 MIRAMONTES CIRCLE
 C/O JENNIFER A. WELLS
 WELLINGTON, FL 33414-8823 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
13048 RIVER WALK CIR
 Suite, Apt. #, etc.

City & State
BILOXI, MS

Zip
39532

Country
USA

40033400



05172006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0326867

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FILINGS INC
 3732 NW 16TH STREET
 FT LAUDERDALE, FL 33311**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, GEORGE LOUIS 13048 RIVERWALK CIRCLE BILOXI, MS 39532 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONZALEZ, JACQUELINE E 13048 RIVERWALK CIRCLE BILOXI, MS 39532 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WELLS, JENNIFER ANN 3640 MIRAMONTES CIRCLE WELLINGTON, FL 334148823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *George L. Gonzalez* **GEORGE L. GONZALEZ** 05-17-06 228-346-0313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #