

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 17, 2008  
Secretary of State**

DOCUMENT# N47050

Entity Name: BOOK OF LIFE EVANGELISTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

3640 MIRAMONTES CIRCLE  
C/O JENNIFER A. WELLS  
WELLINGTON, FL 334148823 US

**New Principal Place of Business:**

**Current Mailing Address:**

13048 RIVER WALK CIR  
BILOXI, MS 39532 US

**New Mailing Address:**

FEI Number: 65-0326867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FILINGS INC  
3732 NW 16TH STREET  
FT LAUDERDALE, FL 33311 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: GONZALEZ, GEORGE LOU, IS  
Address: 13048 RIVERWALK CIRCLE  
City-St-Zip: BILOXI, MS 39532 US

Title: DV ( ) Delete  
Name: GONZALEZ, JACQUELINE, E  
Address: 13048 RIVERWALK CIRCLE  
City-St-Zip: BILOXI, MS 39532 US

Title: DS ( ) Delete  
Name: WELLS, JENNIFER ANN  
Address: 3640 MIRAMONTES CIRCLE  
City-St-Zip: WELLINGTON, FL 334148823 US

**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 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: JACQUELINE E. GONZALEZ

DV

01/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date