

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N50066

1. Entity Name
PRECIOUS LIFE MINISTRIES, INC.



Principal Place of Business
**13571 MCGREGOR BLVD
SUITE 24
FORT MYERS, FL 33919**

Mailing Address
**13571 MCGREGOR BLVD
SUITE 24
FORT MYERS, FL 33919**



02152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0339338

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, LUCY
13571 MCGREGOR BLVD SUITE 24
FORT MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GILLASPIE, TOM
STREET ADDRESS	15851 ANDERSON LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	TD
NAME	PROBE, KIMBERLY
STREET ADDRESS	12734 KENWOOD LN #9
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D
NAME	PRECHTEL, CINDY
STREET ADDRESS	1241 WENDELL AVE
CITY-ST-ZIP	FORT MYERS, FL
TITLE	VD
NAME	MOORE, LUCY
STREET ADDRESS	445 KEENAN AVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	SD
NAME	VANDERPOL, MARCIA
STREET ADDRESS	16 SE 21ST AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000642146
03/01/07-80030-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Lucy Moore* **Lucy Moore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.15.07 2394331928