

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50066

FILED
Apr 30, 2009
Secretary of State

Entity Name: PRECIOUS LIFE MINISTRIES, INC.

Current Principal Place of Business:

13571 MCGREGOR BLVD
SUITE 24
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

13571 MCGREGOR BLVD
SUITE 24
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0339338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HUSSEY, ALISON C
4635 S DEL PRADO BLVD
CAPE CORAL, FL 33904 US

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: ALISON C HUSSEY

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILLASPIE, TOM
Address: 15851 ANDERSON LANE
City-St-Zip: FORT MYERS, FL 33912

Title: TD () Delete
Name: PROBE, KIMBERLY
Address: 12734 KENWOOD LN #9
City-St-Zip: FORT MYERS, FL 33907

Title: VD () Delete
Name: MOORE, LUCY
Address: 445 KEENAN AVE
City-St-Zip: FORT MYERS, FL 33919

Title: SD (X) Delete
Name: VANDERPOL, MARCIA
Address: 16 SE 21ST AVE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMAS, STEVE
Address: 13571 MCGREGOR BLVD STE 24
City-St-Zip: FORT MYERS, FL 33919

Title: VPTD (X) Change () Addition
Name: OTT, NEEVA
Address: 13571 MCGREGOR BLVD STE 24
City-St-Zip: FORT MYERS, FL 33919

Title: SD (X) Change () Addition
Name: VANDERPOL, MARCIA
Address: 13571 MCGREGOR BLVD STE 24
City-St-Zip: FORT MYERS, FL 33919

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: STEVE THOMAS

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date