

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003974

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: EXCHANGED LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

4301 32ND AVE. W.  
SUITE A-9  
BRADENTON, FL 34205 US

**New Principal Place of Business:**

4404 22ND AVE. WEST  
BRADENTON, FL 34209

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 65-0440582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CROWDER, DON V  
4404 22ND AVE. WEST  
BRADENTON, FL 34209 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: PD ( ) Delete  
Name: CROWDER, DON V MR  
Address: 4404 22ND AVE. WEST  
City-St-Zip: BRADENTON, FL 34209

Title: VD ( ) Delete  
Name: CROWDER, DIANA MRS  
Address: 4404 22ND AVE. WEST  
City-St-Zip: BRADENTON, FL 34209

Title: D (X) Delete  
Name: ADKINS, JIM MR  
Address: 8400 CORTEZ RD.  
City-St-Zip: BRADENTON, FL 34210

Title: S (X) Delete  
Name: ADKINS, MARY KAY MRS  
Address: 8400 CORTEZ RD.  
City-St-Zip: BRADENTON, FL 34210

Title: T ( ) Delete  
Name: WILSON, LINDA MISS  
Address: 123 28TH ST. CT. N.W.  
City-St-Zip: BRADENTON, FL 34205

**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:

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: DON CROWDER

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date