## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400003185

FILED Jun 12, 2009 Secretary of State

Entity Name: TRUE LIFE INTERNATIONAL HEALING MINISTRIES, INC.

	rincipal Place of Business:	New Principal Place of Business:
3307 N.W MAMI, FL	22ND AVENUE 33147	
Current M	lailing Address:	New Mailing Address:
3307 N.W MAMI, FL	22ND AVENUE 33147	
n accordan	: 65-0535669 FEI Number Applied For ( ce with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.
lame and	Address of Current Registered Agei	nt: Name and Address of New Registered Agent:
	VERONICA 82ND STREET 33147 US	
	named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Registere	d Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
itle: lame: ddress: city-St-Zip:	D ( ) Delete GRAHAM, VERONICA 1790 N.W. 82ND STREET MIAMI, FL 33147	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
nty Ot Zip.		
itle: lame: ddress:	D ( ) Delete BURKES, LAWRENCE 2160 NW 81 TER MIAMI, FL 33147	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
itle: lame: ddress: ity-St-Zip: itle: lame: ddress:	BURKES, LAWRENCE 2160 NW 81 TER	Title: ( ) Change ( ) Addition Name: Address:
ritle: lame: ddress: city-St-Zip: ritle: lame: ddress: city-St-Zip: ritle: lame: ddress: ddress:	BURKES, LAWRENCE 2160 NW 81 TER MIAMI, FL 33147  D () Delete WHILEY, JAMES 183 OLDE TOWN RD.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
itle: lame: .ddress: itly-St-Zip: itle: lame: .ddress: ittle: lame: .ddress: ittle: lame: .ddress:	BURKES, LAWRENCE 2160 NW 81 TER MIAMI, FL 33147  D ( ) Delete WHILEY, JAMES 183 OLDE TOWN RD. NEW PORT, VA 23608  DT ( ) Delete MILLER, BERTHA 2215 NW 97TH ST.	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: VERONICA GRAHAM D 06/12/2009