


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004192

1. Entity Name
CHRISTIAN LIFE FOUNDATION MINISTRIES, INCORPORATED



Principal Place of Business 9026 NW 20TH AVENUE MIAMI, FL 33167 US	Mailing Address 12340 W. GOLF DRIVE MIAMI, FL 33167-1845 US
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DO NOT WRITE IN THIS SPACE



07202004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TERRY, JAMES L
 12340 WEST GOLF DRIVE
 MIAMI, FL 33167-1845**

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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: *James L Terry* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when rehashing)

DATE: **7/25/04**

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRY, JAMES L 12340 WEST GOLF DRIVE MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, GENICE 1010 SHAW AVE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLATER, SHENIKA 17311 NW 34TH AVENUE CAROL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT COOLEY, EDNA 1521 NW 56TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMT JULMISTE, DOROTHY 730 CURTIS DRIVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMTT WALLACE, EDDIE 1823 NW 67TH ST. MIAMI, FL 33147

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 07/29/04-80002-019 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James L Terry* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: **7/25/04** DAYTIME PHONE #