

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000834

FILED
Apr 21, 2006
Secretary of State

Entity Name: FOUNDATION FOR LIFE MINISTRIES, INC.

Current Principal Place of Business:

1025 1/2 LOCUST AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

ATTN SHIRLEY ROBINSON
5024 ST GERMAIN AV
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 59-3373677 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBINSON, SHIRLEY K
5024 ST GERMAIN AV
ORLANDO, FL 32812 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: DST () Delete
Name: ROBINSON, SHIRLEY K
Address: 5024 ST. GERMAIN AVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: DAIL, JERRY
Address: 130 CYPRESS ST.
City-St-Zip: ORLANDO, FL 32809

Title: DC () Delete
Name: PURDIN, EDWARD
Address: 8779 ALEGRE CR
City-St-Zip: ORLANDO, FL 32836

Title: DV () Delete
Name: ANTHONY, PATRICK F
Address: 4906 BELLEVILLE AV
City-St-Zip: ORLANDO, FL 32812

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HOFFNER, CHARLES
Address: 3153 TOURAINE AVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Change (X) Addition
Name: HARRELL, ROBERT S
Address: 2800 TRENTWOOD BLVD.
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY K. ROBINSON

DST

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date