

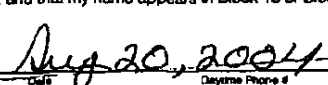


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 29, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90207 006 \*\*\*\*61.25

<b>DOCUMENT # N97000005837</b>					
1. Entity Name ETERNAL LIFE MINISTRY INTERNATIONAL INC.					
Principal Place of Business 6961 PLACE DE LA PAIX PRIVATE SOUTH PASADENA, FL 33707			Mailing Address 6961 PLACE DE LA PAIX PRIVATE SOUTH PASADENA, FL 33707		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3462572	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEVINS, PATRICIA H. REV. 6961 PLACE DE LA PAIX PRIVATE SOUTH PASADENA, FL 33707				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	P	<input type="checkbox"/> Delete		TITLE D	Elizabeth Redinour <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVINS, PATRICIA REV			NAME	9743 Box
STREET ADDRESS	6961 PLACE DE LA PAIX			STREET ADDRESS	Greensboro, N.C. 27429
CITY-ST-ZIP	SOUTH PASADENA, FL 33707			CITY-ST-ZIP	
TITLE D	D	<input checked="" type="checkbox"/> Delete		TITLE D	Ruth Mizel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDLEY, MICHAEL			NAME	307 Yokum Blvd
STREET ADDRESS	7635 40TH AVE NORTH			STREET ADDRESS	Alexander, Virginia 22034
CITY-ST-ZIP	ST PETERSBURG, FL 33709			CITY-ST-ZIP	
TITLE D	D	<input type="checkbox"/> Delete		TITLE D	Kay Hoersch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLDING, LAWRENCE PASTOR			NAME	910 Circle Drive
STREET ADDRESS	49065 S. 180TH STREET			STREET ADDRESS	lakeside, Michigan 49116-0655
CITY-ST-ZIP	OMHA, NE 68135			CITY-ST-ZIP	
TITLE D	D	<input type="checkbox"/> Delete		TITLE	
NAME	SHELDON, DIANE			NAME	
STREET ADDRESS	1153 1 A RUE DE ROIS			STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   SIGNATURE AND TYPED OR PRINTED NAME OF CLERK, OFFICER OR DIRECTOR Date: Sep 29, 2004 Daytime Phone #					