

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005837

FILED
Jan 30, 2005
Secretary of State

Entity Name: ETERNAL LIFE MINISTRY INTERNATIONAL INC.

Current Principal Place of Business:

6961 PLACE DE LA PAIX
PRIVATE
SOUTH PASADENA, FL 33707

New Principal Place of Business:

Current Mailing Address:

6961 PLACE DE LA PAIX
PRIVATE
SOUTH PASADENA, FL 33707

New Mailing Address:

FEI Number: 59-3462572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEVINS, PATRICIA H REV
6961 PLACE DE LA PAIX
PRIVATE
SOUTH PASADENA, FL 33707 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: P () Delete
Name: NEVINS, PATRICIA REV
Address: 6961 PLACE DE LA PAIX
City-St-Zip: SOUTH PASADENA, FL 33707

Title: D () Delete
Name: REDINOUR, ELIZABETH
Address: 9743 BOX
City-St-Zip: GREENSBORO, NC 27420

Title: D () Delete
Name: BOLDING, LAWRENCE PASTOR
Address: 49065 S. 180TH STREET
City-St-Zip: OMHA, NE 68135

Title: D () Delete
Name: SHELDON, DIANE
Address: 1153 1 A RUE DE ROIS
City-St-Zip: SOUTH PASADENA, FL 33707

Title: D (X) Delete
Name: MIZEL, RUTH
Address: 307 YOKAUM BLVD
City-St-Zip: ALEXANDER, VA 22034

Title: D (X) Delete
Name: HOERSCH, KAY
Address: 910 CIRCLE DRIVE
City-St-Zip: LAKESIDE, MI 491160655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOLDING, LAWRENCE
Address: 49065S 180TH STREET
City-St-Zip: OMAHA, NE 68135

Title: D (X) Change () Addition
Name: SHELDON, DIANE
Address: 1153 1A RUE DE ROIS
City-St-Zip: SOUTH PASADENA, FL 33707

Title: D (X) Change () Addition
Name: HOERSCH, KAY
Address: 910 CIRCLE DRIVE
City-St-Zip: LAKESIDE, MI 491160655

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 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 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: PATRICIA NEVINS

REV.

01/30/2005

Electronic Signature of Signing Officer or Director

Date