

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005837

FILED
May 21, 2007
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NEVINS, PATRICIA REV
6961 PLACE DE LA PAIX
PRIVATE
SOUTH PASADENA, FL 33707 US

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: BOLDING, LAWRENCE
Address: 49065S 180TH STREET
City-St-Zip: OMAHA, NE 68135

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

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

Title: D () Delete
Name: LAPOLLA, JAMES DR.
Address: 600 EIGHTH ST. SOUTH STE. B
City-St-Zip: ST. PETERSBURG, FL 34233

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

Title: D () Change (X) Addition
Name: MORGAN, MICHAEL
Address: 390 ACADEMY STREET
City-St-Zip: ALPHARETTA, GA 30004

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: PATRICIA NEVINS

P

05/21/2007

Electronic Signature of Signing Officer or Director

Date