2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 13, 2007
Secretary of State

DOCUMENT# N97000005837

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

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

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 D 08/13/2007

Electronic Signature of Signing Officer or Director — Date