

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000738

FILED  
May 19, 2008  
Secretary of State

Entity Name: LIVE THE LIFE MINISTRIES, INC.

## Current Principal Place of Business:

2252 KILLEARN CTR BLVD  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 13831  
TALLAHASSEE, FL 32317

## New Mailing Address:

FEI Number: 59-3493493      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:

ALBERTSON, RICHARD J  
4412 CRIPPLE CREEK DRIVE  
TALLAHASSEE, FL 32309      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: PCD ( ) Delete  
Name: ALBERTSON, RICHARD  
Address: 4412 CRIPPLE CREEK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete  
Name: JONES, DAYTON  
Address: 501 E 4TH AVENUE  
City-St-Zip: HAVANA, FL 32333

Title: VCD ( ) Delete  
Name: ELDER, CHARLIE  
Address: 4084 FAIRHILL WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete  
Name: SELLERS, STEVE  
Address: 2418 BLARNEY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: AKERS, LES  
Address: 3899 W. MILLERS BRIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: AKERS, RUTH  
Address: 3899 W. MILLERS BRIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition  
Name: JONES, DAYTON  
Address: 501 E 4TH AVENUE  
City-St-Zip: HAVANA, FL 32333

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: RICHARD ALBERTSON

PCD

05/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date