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NONPROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800007148

1. Corporation Name

TRUE LIFE MINISTRIES, INC.

Pr	incip	al Plac	ce of	Bus	iness
65	N.E.	THIRD	AVE	NUE	Ξ
DΕ	ERFI	ELD 81	EACH	FL	33441

Mailing Address

65 N.E. THIRD AVENUE DEERFIELD BEACH FL 33:141

FILED Apr 28, 1999 8:00 am Secretary of State

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Suite, Apt. #, etc. Suite, Apt. #, etc.											
Suite, Api. #, etc. Suite, Api. #, etc. Suite, Api. #, etc. Suite, Api. #, etc. 27	2. Principal P	lace of Business	2a. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.	21		26				12/17/1998				
City & State 28	Suite, Apt.	#, etc.	_ 				4. FEI Number	App ied For			
City & State 28 28 28 29 29 36 36 36 36 36 36 36 3	22	•	⊢					Not Applicable			
28 29 29 20 20 30 Trust Fund Contribution \$5.00 May Be Added to Fees \$0.00 May Be Added to Fees \$0	City & S at	e					\$8.7	5 Additional			
Zip Country Zip Country Zip Country 2 30	23		28	28			5. Certificate of Status Desired	Required			
25 26 26 30 30 10 10 10 10 10 10		Country	Zip	Coun	try		6. Election Campaign Financing \$5.	00 May Be			
BOMAR, TERRY W 23035 SUNFIELD DRIVE BOCA RATON FL 33433 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 7-spistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of (irrectors. I hereby accept the appropriate as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of (irrectors. I hereby accept the appropriate as registered agent, and accept the obligations of, Section 617.0503. Florida Statules. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS. IND DIRECTORS IN 12 ITILE D	24	25	29	30			Trust Fund Contribution Add	ed to Fees			
BOMAR, TERRY W 23035 SUNFIELD DRIVE BOCA RATON FL 33433 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City		9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent				
23035 SUNFIELD DRIVE BOCA RATON FL 33433 84 City				1	81 N	lame					
23035 SUNFIELD DRIVE BOCA RATON FL 33433 84 City	ROMAD T	EDDV W		-	89. Chart Address (B.O. Boy Number in Not Assertable)						
BOCA RATON FL 33433 84 City					62 3	Weer Audit	1955 (F.O. BOX NUMBER IS NOT ACCEPTABLE)				
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. Such change was nuthorized by the corporation's board of cirectors, I hereby accept the appointment as registered agent, and capit the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose stated agent, or born, in the State of Florida. Such change was nuthorized by the corporation's board of cirectors, I hereby accept the appointment as registered agent, and capit the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose stated of changing its registered agent, or born, in the Statutes, the above-named corporation submits this statement for the purpose stated of changing its registered agent, or born, in the State of Florida. Such change was nuthorized by the corporation submits this statement for the purpose change its registered date. If the state of Florida. Such change was nuthorized by the corporation's board of cirectors, I hereby accept the appointment as registered agent, or born, in the Statutes, the above agent was nuthorized by the corporation's board of cirectors, I hereby accept the appointment as registered agent, or board of cirectors, I hereby accept the appointment as registered agent, or board of cirectors, I hereby accept the appointment as registered agent, or board of cirectors, I hereby accept the appointment as registered agent agen	BUCA KAI	IUN FL 33433		L				7:0.1			
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office cr registered agent, or both, in the State of Florida. Such change was nuthorized by the corporation's board of cirectors. Thereby accept the appointment as legislations agent. The agent is made and the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12	11. Pureuset	to the provisions of Sections 617 050	2 and 617 1508 Florida Statute	es, the ab	ove-na	amed come	poration submits this statement for the purpose of changing	its registered			
SIGNATURE Signature, typed or printed ria in of registered agent and title if applicable. (NOT : Registered Agent signature req leed when reinstating)	office crr	registered agent of hoth in the State	of Florida. Such change was at	Jihonzed	by the	corporatio	on's board of cirectors. I hereby accept the appointment a	s reg-stered			
Signature, typed or printed raine of registered agent and other if applications (NOT : Registered Agent signature required when reinstating)	agent. ⊦a	m familiar with, and accept the obliga	tions of, Section 617.0503, Flor	nda Statul	ies.						
TITLE D OFFICERS AND DIRECTORS 13. ADDITIC INS/CHANGES TO OFFICERS AND DIRECTOF. SIN 12 TITLE D OFFICERS AND DIRECTORS 1.1 ITILE	SIGNATURE		MOT 5	Desistered A	and sin	nature real ired	od when reinstation) DATE				
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CITY-ST-ZIP	NAME	1 .									
TITLE	STREET ADDRESS										
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STREET ADDRESS 6.3 STREET ADDRESS	}	}		6.3 STR	REETAD	DRESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

1541429-8500 Daytime Phone # R2E037 (11/98)