# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007**
**Secretary of State**

DOCUMENT# N99000000898

**Entity Name:** CROWN OF LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

3428 DORA STREET
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51822
FORT MYERS, FL 33994

**New Mailing Address:**

**FEI Number: 31-1639626** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, ROBERT SR.
3725 6TH STREET, WEST
LEHIGH ACRES, FL 33971 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: PAST ( ) Delete
Name: WILLIAMS, BARBARA O
Address: 3725 6TH STREET, WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete
Name: WILLIAMS, CYNTHIA
Address: 3117 WILLIAMS STREET
City-St-Zip: FT. MYERS, FL 33916

Title: D ( ) Delete
Name: DANIELLE YOUNG,
Address: 3125 DORE ST
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete
Name: WALKER, THIJUANA
Address: 628 S.E. 11TH AVE.
City-St-Zip: CAPE CORAL, FL 33990

Title: PD ( ) Delete
Name: WILLIAMS, ROBERT
Address: 3725 6TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: AA ( ) Delete
Name: JACKSON, GWEN
Address: 503 FIQUERA AVE
City-St-Zip: FORT MYERS, FL 33905

**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: ROBERT WILLIAMS SR. PAST 04/30/2007
Electronic Signature of Signing Officer or Director — Date