

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90065 001 ***122.50

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1. Entity Name
ETERNAL LIFE MINISTRIES, INC. OF TAMPA



Principal Place of Business
**6771-73 MADISON AVE
TAMPA, FL 33610**

Mailing Address
**3106 E. LAKE AVENUE
TAMPA, FL 33610**

00434058



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142004 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3596869

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AIKENS, THOMAS
3106 E LAKE AVE
TAMPA, FL 33610**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AIKENS, THOMAS
3106 E LAKE AVE AVE
TAMPA, FL 33610** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LA CHERYL AIKENS GUZMAN
2404 Woody Trace Ln.
TAMPA, FL 33612** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AIKENS, YVONNE J
3106 E LAKE AVE AVE
TAMPA, FL 33610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AIKENS, NICOLE T
3106 E LAKE AVE AVE
TAMPA, FL 33610** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LA CHERYL AIKENS GUZMAN 913 232-8723
9/20/04