

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# N02000001769

Entity Name: LIFE CARE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

40 NE 167TH STREET
N MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

355 NW 205 TERRACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 71-0897276 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:

FRANCOIS, JEAN F
355 NW 205 TERRACE
MIAMI, FL 33169 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: PD () Delete
Name: FRANCOIS, JEAN F
Address: 355 NW 205 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: NAPOLEAN, YANICK
Address: 40 NE 167TH STREET
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: DEFRIEND, NAZILIA
Address: 40 NE 167TH STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: D () Delete
Name: JEAN-JACQUES, MARIE
Address: 160 NE 123RD STREET
City-St-Zip: MIAMI, FL 33161

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:

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: JEAN F FRANCOIS

PD

05/15/2008

Electronic Signature of Signing Officer or Director

_____ Date