

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000001544**

1. Entity Name

LIFE IN CHRIST MINISTRIES, INCORPORATED



Principal Place of Business

2230 HAVERHILL ROAD  
WEST PALM BEACH, FL 33417 US

Mailing Address

2230 HAVERHILL ROAD  
WEST PALM BEACH, FL 33417 US



01072006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0656645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CRAFT, JAMES C. REV. DR.  
783 RYANWOOD DR.  
WEST PALM BEACH, FL 33413

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GENSOLI, ROMY  
STREET ADDRESS 127 SHERWOOD DR.  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE D  
NAME CRAFT, JAMES REV.  
STREET ADDRESS 783 RYANWOOD DR.  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE D  
NAME HONEYLITO, SIMON  
STREET ADDRESS 127 ROYAL PINE CIRCLE  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000384292  
01/17/06-80006-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/7/06  
Date

(561) 616-8459  
Daytime Phone #