

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001769

Entity Name: LIFE CARE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

40 NE 167TH STREET
N MIAMI BEACH, FL 33162

Current Mailing Address:

40 NE 167TH STREET
N MIAMI BEACH, FL 33162 OS

FEI Number: 71-0897276

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANCOIS, PASTOR, JEAN FREV.,
355 NW 205 TERRACE
MIAMI, FL 33169 US

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

Officer/Director Detail :

Title PDBM
Name FRANCOIS, PASTOR, JEAN FREV.,
Address 355 NW 205 TERRACE
City-State-Zip: MIAMI FL 33169

Title DBM
Name NAPOLEAN, YANICK
Address 40 NE 167TH STREET
City-State-Zip: MIAMI FL 33162

Title DBM
Name ISMA, VERSI
Address 980 NW 109TH STREET
City-State-Zip: MIAMI FL 33161

Title DBM
Name JEAN-JACQUES, MARIE
Address 160 NE 123RD STREET
City-State-Zip: MIAMI FL 33161

Title DBM
Name JEAN-CLAUDE, WILKENNE
Address 560 NW 121ST STREET
City-State-Zip: MIAMI FL 33161

Title DBM
Name VICTOR, RENOLD
Address P.O.BOX 938842
City-State-Zip: MARGATE FL 33093

I hereby 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 all other like empowered.

SIGNATURE: FRANCOIS, PASTOR , JEAN FREV.,

PDBM

05/28/2013

Electronic Signature of Signing Officer/Director Detail

Date