

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002238

FILED
Apr 20, 2005
Secretary of State

Entity Name: LIFE - LINE RESCUE MISSION INC.

Current Principal Place of Business:

P.O. BOX 680578
ORLANDO, FL 32818

New Principal Place of Business:

3956 SILVER STAR ROAD
ORLANDO, FL 32808

Current Mailing Address:

6402 TEBBETTS DRIVE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3715142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAAB, BLANCHE A
3956 SILVER STAR RD.
ORLANDO, FL 32808 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: ROBBINS, SYLVESTER JR
Address: P.O. BOX 680578
City-St-Zip: ORLANDO, FL 32818

Title: VD () Delete
Name: ROBBINS, PATRICIA
Address: P.O. BOX 680578
City-St-Zip: ORLANDO, FL 32818

Title: TD () Delete
Name: JONES, DANIEL
Address: P.O. BOX 680578
City-St-Zip: ORLANDO, FL 32818

Title: SD () Delete
Name: NAAB, BLANCHE
Address: PO BOX 680578
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: PEARSON, WILSON
Address: P.O. BOX 680578
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: DUMAS, MARY
Address: P.O. BOX 680578
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBBINS, SYLVESTER JR
Address: PO BOX 680578
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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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 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 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: BLANCHE NAAB

SD

04/20/2005

Electronic Signature of Signing Officer or Director

Date