2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N01000002452

Entity Name: LIFEGUARD CHRISTIAN SUPPORT MINISTRIES, INC.

Current Principal Place of Business:

2315 EAGLE BLUFF DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

2315 EAGLE BLUFF DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 59-3745398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIBLE, ROBERT W JR.
4600 W. CYPRESS STREET
SUITE 500
TAMPA, FL 33607 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: D ( ) Delete
Name: STEWART, NORMAN W REV.
Address: 2315 EAGLE BLUFF DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: WASHINGTON, QUEEN
Address: 3620 E 36TH. STREET
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete
Name: MARTIN, EVERETT
Address: 13540 N NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete
Name: STEWART, JEAN
Address: 2315 EAGLE BLUFF DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: MCLEISH, GEORGE
Address: 3001 E. HANNA AVE
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: RUIZ, LOUIS
Address: 3001 E HANNA AVE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: STEWART, DWIGHT
Address: 2315 EAGLE BLUFF DRIVE
City-St-Zip: VALRICO, FL 33594

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: D (X) Change ( ) Addition
Name: RUIZ, LUIS
Address: 3001 E HANNA AVE
City-St-Zip: TAMPA, FL 33610

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: NORMAN STEWART D 04/30/2004
Electronic Signature of Signing Officer or Director — Date