

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90133 043 ***150.00

DOCUMENT # N01000005505 1. Entity Name PEOPLES CARE MINISTRY, INC.			
Principal Place of Business 1534 NORTH WEST 58TH TERRACE SUNRISE, FL 33313		Mailing Address 1534 NORTH WEST 58TH TERRACE SUNRISE, FL 33313	
2. Principal Place of Business 6001 N. FALLS CIRCLE DR. Suite, Apt. #, etc. BLDG.#9 APT. 213 City & State LAUDERHILL, FLORIDA Zip 33319		3. Mailing Address 6001 N. FALLS CIRCLE DRIVE Suite, Apt. #, etc. BLDG.# 9 APT. 213 City & State LAUDERHILL, FLORIDA Zip 33319	
4. FEI Number 65-0924859		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PITTER, CARL S 7447 NORTH WEST 57TH STREET TAMARAC, FL 33319		7. Name and Address of New Registered Agent Name PITTER, CARL S Street Address (P.O. Box Number is Not Acceptable) 7435 NORTH WEST 57th STREET City TAMARAC FL Zip Code 33319	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCHIBALD, WINSTON A 1534 NORTH WEST 58TH TERRACE SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARCHIBALD, WINSTON A 6001 N. FALLS CIRCLE DR. BLDG.#9 APT.213 LAUDERHILL, FLORIDA 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ARCHIBALD, YVONNE 1534 NORTH WEST 58TH TERRACE SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARCHIBALD, YVONNE 6001 N. FALLS CIRCLE DR. BLDG.#9 APT.213 LAUDERHILL, FLORIDA 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTER, CARL S 1534 NORTH WEST 58TH TERRACE SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CRAWFORD, ALLOGEE 9451 SANTA ROSA DRIVE TAMARAC, FLORIDA 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PASCAL, SANDRA 3099 NORTH WEST 48TH AVENUE UNIT 163 FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Winston A. Archibald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/14/2005 <small>Daytime Phone #</small>	