

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90272 001 \*\*\*\*\*8.75  
01-24-2002 90272 002 \*\*\*\*\*61.25

**DOCUMENT # N01000006745**

1. Entity Name ✓

**LIFE CARE MINISTRIES, INC.**

Principal Place of Business 2516 S. 19TH ST. #1-102 FORT PIERCE FL 34982	Mailing Address 2516 S. 19TH ST. #1-102 FORT PIERCE FL 34982
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKWITH, OPHELIA S 2516 S. 19TH ST. #1-102 FORT PIERCE FL 34982		Name	
		Street Address (P.O.-Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P BECKWITH, OPHELIA S 2516 S. 19TH ST., #1-102 FORT PIERCE FL 34982	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D+T		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T CAMPBELL, CLIFFORD 202 N. 31ST ST. FORT PIERCE FL 34947	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S CAMPBELL, DAWN 202 N. 31ST ST. FORT PIERCE FL 34947	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:** Ophelia S. Beckwith Ophelia S. Beckwith 1/9/02 (561) 468-6131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)