

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

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



03312004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0020300	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BECKWITH, OPHELIA S 2516 S. 19TH ST. #1-102 FORT PIERCE, FL 34982

**DO NOT WRITE
IN THIS SPACE**

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 Ophelia Beckwith, Ophelia Beckwith, Pres/Dir 4/14/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000118770
04/19/04-80073-017 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECKWITH, OPHELIA S 2516 S. 19TH ST., #1-102 FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CLIFFORD 202 N. 31ST ST. FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DAWN 202 N. 31ST ST. FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 Beckwith, Ophelia Beckwith Pres/Dir 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 772-460-9879