

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006745

FILED
May 11, 2005
Secretary of State

Entity Name: LIFE CARE MINISTRIES, INC.

Current Principal Place of Business:

2516 S. 19TH ST.
#1-102
FORT PIERCE, FL 34982

New Principal Place of Business:

411S. 18TH STREET
FORT PIERCE, FL 34950 US

Current Mailing Address:

2516 S. 19TH ST.
#1-102
FORT PIERCE, FL 34982

New Mailing Address:

P.O BOX 579
FORT PIERCE, FL 34950 US

FEI Number: 80-0020300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BECKWITH, OPHELIA S
2516 S. 19TH ST.
#1-102
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

BECKWITH, OPHELIA S
411 S 18TH STREET
FORT PIERCE, FL 349 US

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: _____

05/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BECKWITH, OPHELIA S
Address: 2516 S. 19TH ST., #1-102
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: CAMPBELL, CLIFFORD
Address: 202 N. 31ST ST.
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: CAMPBELL, DAWN
Address: 202 N. 31ST ST.
City-St-Zip: FORT PIERCE, FL 34947

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: BECKWITH, OPHELIA S
Address: 411 S 18TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: TD (X) Change () Addition
Name: CAMPBELL, CLIFFORD
Address: 808 GRAND CLUB PLACE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: DS (X) Change () Addition
Name: CAMPBELL, DAWN
Address: 808 GRAND CLUB PLACE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: D () Change (X) Addition
Name: WILLIAMS, PHYLLIS
Address: 412 S. 18TH
City-St-Zip: FORT PIERCE, FL 34950 US

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: REV OPHELIA S. BECKWITH

P/D

05/11/2005

Electronic Signature of Signing Officer or Director

Date