

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006745

FILED
Mar 21, 2007
Secretary of State

Entity Name: LIFE CARE MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

715 N US HWY 1
FORT PIERCE, FL 34950 US

Current Mailing Address:

P.O BOX 579
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 80-0020300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKWITH, OPHELIA S PRES/T
411 S 18TH STREET
FORT PIERCE, FL 34950 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: PT () Delete
Name: BECKWITH, OPHELIA S
Address: 411 S 18TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: SD () Delete
Name: WILLIAMS, PHYLLIS
Address: 412 S. 18TH STREET - APT B
City-St-Zip: FORT PIERCE, FL 34950 US

Title: D () Delete
Name: FAULKNER, MAGGIE
Address: 1726 NEBRASKA AVE., P.O BOX 572
City-St-Zip: PALM HARBOR, FL 34682

Title: D (X) Delete
Name: HUMPHREY-IRVIN, RAQUEL
Address: 2294 N US HIGHWAY 1
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: OPHELIA S. BECKWITH

P

03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date