

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006745

FILED  
Sep 28, 2009  
Secretary of State

Entity Name: LIFE CARE MINISTRIES, INC.

## Current Principal Place of Business:

715 N US HWY 1  
FORT PIERCE, FL 34950 US

## New Principal Place of Business:

411 S 18TH STREET  
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:

BECKWITH, OPHELIA S PRES.  
411 S 18TH STREET  
FORT PIERCE, FL 34950 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: OPHELIA S. BECKWITH

09/28/2009

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: MARTINEZ, CHARLES  
Address: 2303 SAINT LUCIE BLVD  
City-St-Zip: FORT PIERCE, FL 34947

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition  
Name: SUMMERS, AMANDA  
Address: 164 MEDITERRANEAN BLVD N  
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify 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

09/28/2009

Electronic Signature of Signing Officer or Director

Date