

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006803

FILED
Feb 02, 2005
Secretary of State

Entity Name: LIFE RECOVERY MINISTRIES, INC.

Current Principal Place of Business:

749 US HIGHWAY ONE
SUITE 204
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

749 US HIGHWAY ONE
SUITE 204
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-1140323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEPWORTH, DANA
11715 MELLOW COURT
ROYAL PALM BEACH, FL 33411 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: CHMN () Delete
Name: FONGER, CURT
Address: 719 LAKESIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TRSR () Delete
Name: STEPHENS, LARRY O
Address: 17513 SE CONCH BAR AVENUE
City-St-Zip: TEQUESTA, FL 33469

Title: DIR () Delete
Name: HEPWORTH, DANA
Address: 11715 MELLOW COURT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DIR () Delete
Name: HOWE, JOHN
Address: 7036 HAWKS NEST
City-St-Zip: RIVIERA BEACH, FL 33407

Title: SEC (X) Delete
Name: SAVIGNAC, KAREN
Address: 202 PALMETTO COURT
City-St-Zip: JUPITER, FL 33458

Title: DIR (X) Delete
Name: SHIPP, MICHAEL
Address: PO BOX 3302
City-St-Zip: TEQUESTA, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHMN (X) Change () Addition
Name: SHIPP, MICHAEL
Address: PO BOX 3302
City-St-Zip: TEQUESTA, FL 33458

Title: TRSR (X) Change () Addition
Name: HEMBREE, K.C.
Address: 7481 150TH CT. N.
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 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: DANA HEPWORTH

DIR

02/02/2005

Electronic Signature of Signing Officer or Director

_____ Date