2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000006803

1. Entity Name
LIFE RECOVERY MINISTRIES, INC.

Principal Place of Business	Mailing Address
4152 WEST BLUE HERON BLVD. SUITE 104 WEST PALM BEACH, FL 33404	4152 WEST BLUE HERON BLVD. SUITE 104 WEST PALM BEACH, FL 33404

01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1140323

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEPWORTH, DANA
11715 MELLOW COURT
ROYAL PALM BEACH, FL 33411

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

U00000790452
01/23/08-80033-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	CHMN
NAME	BOTTKE, WARREN
STREET ADDRESS	92 STONEY DR.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	TRSR
NAME	CARMEN, MARK
STREET ADDRESS	255 CARAVELLE DR.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	DIR
NAME	HEPWORTH, DANA
STREET ADDRESS	11715 MELLOW COURT
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	SECR
NAME	NOSKA, FRANK
STREET ADDRESS	221 ONONDAGA AVE.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	OFCR
NAME	ANDERSON, RUSSELL
STREET ADDRESS	1147 EGRET CIRCLE SOUTH
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	OFCR
NAME	SHIPP, MICHAEL
STREET ADDRESS	PO BOX 3302
CITY-ST-ZIP	TEQUESTA, FL 33469

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dana Hepworth DANA Hepworth 1/9/08 5618427979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #