

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006803

FILED
Mar 10, 2009
Secretary of State

Entity Name: LIFE RECOVERY MINISTRIES, INC.

Current Principal Place of Business:

4152 WEST BLUE HERON BLVD.
SUITE 104
WEST PALM BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

4152 WEST BLUE HERON BLVD.
SUITE 104
WEST PALM BEACH, FL 33404

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: BOTTKE, WARREN
Address: 92 STONEY DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: TRSR () Delete
Name: CARMEN, MARK
Address: 255 CARAVELLE DR.
City-St-Zip: JUPITER, FL 33458 US

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

Title: SECR (X) Delete
Name: NOSKA, FRANK
Address: 221 ONONDAGA AVE.
City-St-Zip: PALM BEACH, FL 33480 US

Title: OFCR () Delete
Name: ANDERSON, RUSSELL
Address: 1147 EGRET CIRCLE SOUTH
City-St-Zip: JUPITER, FL 33458 US

Title: OFCR () Delete
Name: SHIPP, MICHAEL
Address: PO BOX 3302
City-St-Zip: TEQUESTA, FL 33469 US

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:

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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 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: DANA HEPWORTH

DIR

03/10/2009

Electronic Signature of Signing Officer or Director

Date