

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001376

FILED
Feb 27, 2005
Secretary of State

Entity Name: CARE AFTER LIGHTHOUSE MINISTRY, INC.

Current Principal Place of Business:

610 VERMONT AVE.
APT L
DAYTONA BEACH, FL 32118

New Principal Place of Business:

3185 WREN LANE
MULBERRY, FL 33860

Current Mailing Address:

PO BOX 6932
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 75-2999576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFONTAINE, EVELYN E
726 HEARTLAND CIRCLE
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

LAFONTAINE, EVELYN E
3185 WREN LANE
MULBERRY, FL 33860 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:

02/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LAFONTAINE, EVELYN E
Address: 726 HEARTLAND CIRCLE
City-St-Zip: LAKELAND, FL 33860

Title: SECR () Delete
Name: STANLEY, CLAY
Address: 610 VERMONT AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LAFONTAINE, EVELYN E
Address: 3185 WREN LANE
City-St-Zip: LAKELAND, FL 33860 US

Title: SECR (X) Change () Addition
Name: STANLEY, CLAY
Address: 610 VERMONT AVE. APT L
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: TREA () Change (X) Addition
Name: STANLEY, EVELYN E
Address: 4951 PLEASANT HOLLOW TRAIL
City-St-Zip: LAKELAND, FL 33811 US

Title: VP () Change (X) Addition
Name: BRUCE, JOHN
Address: 89 WOODSIDE DR.
City-St-Zip: LAKELAND, FL 33813 US

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: EVELYN LAFONTAINE

PRES

02/27/2005

Electronic Signature of Signing Officer or Director

Date