2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001376

FILED Jan 17, 2006 Secretary of State

Entity Name: CARE AFTER LIGHTHOUSE MINISTRY, INC.

Current Principal Place of Business: New Principal Place of Business:

3185 WREN LANE MULBERRY, FL 33860

Current Mailing Address: New Mailing Address:

PO BOX 6932 LAKELAND, FL 33807

FEI Number: 75-2999576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition
Name: LAFONTAINE, EVELYN E Name: LAFONTAINE, PAUL D MR
Address: 3185 WREN LANE Address: 3185 WREN LANE

City-St-Zip: LAKELAND, FL 33860 US

City-St-Zip: LAKELAND, FL 33860 US

Title: SECR () Delete

Title: SECR (X) Change () Addition

Name: STANLEY, CLAY Name: STANLEY, CLAYTON MR
Address: 610 VERMONT AVE. APT L Address: 608 VERMONT AVE.

City-St-Zip: DAYTONA BEACH, FL 32118 US City-St-Zip: DAYTONA BEACH, FL 32118 US

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

Title: VΡ () Delete Title: (X) Change () Addition Name: BRUCE, JOHN Name: LAFONTAINE, EVELYN E MRS 3185 WREN LANE Address: 89 WOODSIDE DR. Address: City-St-Zip: LAKELAND, FL 33813 US City-St-Zip: MULBERRY, FL 33860 US

Title: () Delete Title: BM () Change (X) Addition

Name: GALVIN, PAT MR

 Address:
 Address:
 4320 UPPER MEADOW RD.

 City-St-Zip:
 City-St-Zip:
 MULBERRY, FL 33860 US

Title: () Delete Title: BM () Change (X) Addition
Name: GALVIN CHRISSY MRS

 Name:
 Name:
 GALVIN, CHRISSY MRS

 Address:
 Address:
 4320 UPPER MEADOW RD

 City-St-Zip:
 City-St-Zip:
 MULBERRY, FL 33860 US

I hereby certify that the information supplied with this filing does not qualify for the 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: EVELYN LAFONTAINE VP 01/17/2006